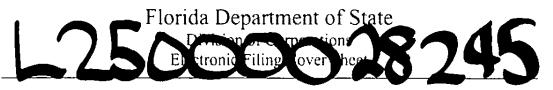
1/21/25, 11:09 AM

To. . \_ .

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: client@alexpina.co

FLORIDA LIMITED LIABILITY CO.
DAFLA LLC

25 JAN 21 PM 12: 23 TATE ALTO BE PER

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Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

-JeH 1/24/25

Electronic Filing Menu

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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DAFLA LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
13574 Village Park Dr Ste 200	13759 Larkton Ln
Orlando, FL 32837	Orlando, FL 32832

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ALEX PINA CO.		
	Name	
8400 NW 36TH ST	STE 450	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
DORAL	FL	33166
City	State	Zîp

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

AP2	
 Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

To: .

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	MARIANA P MARTINEZ TORRES 13574 Village Park Dr Ste 200 Orlando, FL 32837
EV: Effective date, if other than the certive date is listed, the date must be	date of filing:
ective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
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