

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Print this page and use it as a cover sheet. Type the account number (shown below) on the top and bottom of all pages of the document.

(((H24000274471 3)))

FL
8-1624

H240002744713ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
DURAN DESIGN STUDIO LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
2024 AUG 15 PM 4:41
CORPORATIONS
COMMERCIAL
SERVICES

2024 AUG 15 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LC")*

Duran Design Studio LLC

ARTICLE II - Address:

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

6060 SW 28 St

Miami, FL 33155-3173

FILED
2024 AUG 15 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Alfonso Manuel Duran

6060 SW 28 St

Miami, FL 33155-3173

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Alfonso Manuel Duran, AMBR

Required Signatures:
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alfonso Manuel Duran**Typed or printed name of signee**

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.


Registered Agent's Signature (REQUIRED)SECRETARY OF STATE
STATE OF FLORIDA
TALLAHASSEE, FL

2024 AUG 15 PM 12:41

FILED