

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

Next to the top of this page and the bottom of each sheet, place the filing number (shown below) at the top and bottom of all pages of the document.

(((H25000018274 3)))



H250000182743ABCS

**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.  
SDVVD TRADERS LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2025 JAN 15 PM 3:23

b6  
b7C  
b7D  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FILED  
SECRETARY OF STATE  
2025 JAN 15 PM 3:23

**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," "L.L.C.," or "LLC.")*

SDVVD Traders LLC

**ARTICLE II - Address:**

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

6080 E. Willow ST

Inverness, FL 34452

**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.)*

CARLOS M BAEZ 16782 SW 88TH STREET # 434  
MIAMI, FLORIDA 33196

**ARTICLE IV -**

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

Pablo Ivan Nazareno Dieli MEMBER

Flavia Elizabeth Yonadi MEMBER

FILED  
SECRETARY OF STATE  
2014 JAN 15 PM 6:10

**Required Signatures:**

*Pablo I Nazareno Dieli*

**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.

PABLO IVAN NAZARENO DIELI MEMBER \_\_\_\_\_

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)**