

L22000224151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

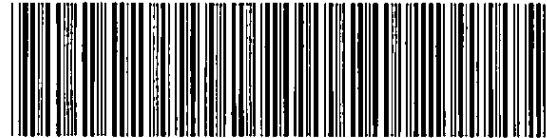
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 MAY 23 AM 3:57

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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2022 MAY 23 PM 3:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from this account: 120210000160 AMOUNT: \$125.00

Authorization Signature: 

PERRINI DARUGE LLC

Business

Doc. #

Walk in

Will wait

Certified Copy of the Articles

Certificate of Status

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

INC

OTHER - Corp

**AMENDMENTS**

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Conversion

Merger

**OTHER FILINGS**

Annual Report

Fictitious Name

Statement of Authority

APOSTIL ( ) \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

Foreign Filing

Partnership

Reinstatement

CORRECTION for a Foreign Corp

Domestication of a Foreign Corp

Other

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PERRINI DARUGE LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalia Garcia Daruge  
Name of Person  
PERRINI DARUGE LLC  
Firm/Company  
2940 Loopdale Ln  
Address  
Kissimmee, FL 34741  
City/State and Zip Code  
ANA@BIZNEZSOLUTIONS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lura Barua at (888) 650-3738  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERRINI DARUGE 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:

2940 Loopdale Ln  
Kissimmee, FL 34741

Mailing Address:

2940 Loopdale Ln  
Kissimmee, FL 34741

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:

Golden Hills Services LLC


Name

2940 Loopdale Ln

Florida street address (P.O. Box **NOT** acceptable)

<u>Kissimmee</u>	<u>Florida</u>	<u>34741</u>
City	State	Zip

*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)

(CONTINUED)

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TALLAHASSEE, FL

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Fernando Perrini Daruge

2940 Loopdale Ln

Kissimmee, FL 34741

MGR

Natalia Garcia Daruge

2940 Loopdale Ln

Kissimmee, FL 34741

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Natalia Garcia Daruge*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

NATALIA GARCIA Daruge

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA