# L08000065780

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Davis and Frank)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
A. LUNT 2311					
(, )					
JUL - 8 2008 , 200					
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Special Instructions to Filing Officer:  A. LUNT  JUL - 8 2008 WO EXAMINER					

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### COVER LETTER

: **TO:** 

TO: Registration Section Division of Corporations
SUBJECT: DISCOUNT PRO DJ. 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:
DAVID BIRENCWAIG (Name of Person)
DISCOUNT PRO DJ, LLC
(Firm/Company)
V.0,130421 Ex 8
(Address)
<u> </u>
(City/State and Zip Code)
For further information concerning this matter, please call:
ROWARD CHRRAL at (407) 330 - 4998 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2008

DAVID BIRENCWAIG P.O. BOX 530421 DEBARY, FL 32753-0421

SUBJECT: DISCOUNT PRO DJ, LLC

Ref. Number: W08000029716

We have received your document for DISCOUNT PRO DJ, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 708A00037303

## ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	The name of the Limited Liability Co	mpany is:		
	DISCOUNT PRO DJ, LLC.			
	(Must end with 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:		
203 SUMUY DAU DEBARY, FL 32713	DEBARY FL 32753-0421	P.O. BOX 530421 DEBARYR32753-042		
	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 addre	ss of the registered agent are:	ZECI SECI	and.
	Leonard P. Cabral	, Esq		
	Name		TARY ASSE	
	212 N. Park Ave. S	GUILLE # 14	<u> </u>	
	Florida street address (P.O. Box NOT acceptable)		4: 29 STATE LORIDA	C
	Sanford FL 32771	FL	를 2 <b>9</b>	
•	•	City, State, and 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 posttjon as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** DAVID MICHAEL BIRENCWAIG P.O. BOX 530421 DEBARY FL 22753-0921 AARON MARC BIRENCWAIG MGRM P.O.BOX 530421 DEBARY FL 32753-0481 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: June 15, 2008 (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.) **REQUIRED SIGNATURE:**

Signature of a member or an adthorized representative of a member of of a

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)
DAVID MICHAEL BIRENCWAIG

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)