Division of Corporations

# Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

: (305)633-9696

Fax Number

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

# FLORIDA LIMITED LIABILITY CO. DAVESCO INVESTMENTS, LLC

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\$155.00

C. LEWIS

MAR 1 3 2013

**EXAMINER** 

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Corporate Filing Menu

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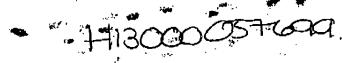
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EMPIRE CORP



# ARTICLES OF ORGANIZATION FOR FLÖRIDA LIMITED LIABILITY COMPANY OF

# DAVESCO INVESTMENTS, LLC

ARTICLE !

The name of the Limited Liability Company shall:

#### DAVESCO INVESTMENTS, LLC

#### **ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### **ARTICLE III**

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

1200 BRICKELL BAY DRIVE, SUITE 2201 MIAMI, FL 33131

#### **ARTICLE IV**

The Company shall commence business on: MARCH 12, 2013

**ARTICLE V** 

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

ABBY LINDENBERG 1200 BRICKELL BAY DRIVE, SUITE 2201 MIAMI, FL 33131

ARTICLE VI
The name of the Managing Member (s) shall be:

MGRM
ABBY LINDENBERG
1200 BRICKELL BAY DRIVE, SUITE 2201
MIAMI, FL 33131

SECRETARY OF STATE DIVISION OF CORPORATION

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

### DAVESCO INVESTMENTS, LLC

(Name of company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

Abby Lindenberg

Print Name

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ABBY LINDENBERG
Typed or printed name of signee

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