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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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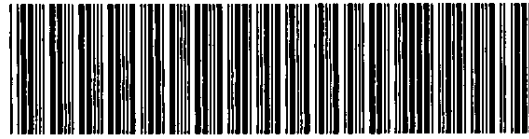
(Business Entity Name)

(Document Number)

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

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08/07/13--01016--012 \*\*160.00

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2013 AUG 15 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 16 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2013

DYNAMIC SERVICE LLC  
C/O GUILLERMO ROCHA  
3824 DONNA LYNN LANE  
ORLANDO, FL 32817

SUBJECT: DYNAMIC SERVICE LLC  
Ref. Number: W13000044332

We have received your document for DYNAMIC SERVICE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

THE NAME OF THE CONFLICTING ENTITY IS: DYNAMIC SERVICES LLC.  
ALSO, PLEASE COMPLETE THE HIGHLIGHTED AREAS.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 7, 2013. Please amend your document accordingly.

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jeraline Saulsberry  
Regulatory Specialist II

Letter Number: 013A00019047

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2019 AUG 15 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DYNAMIC SOLUTIONS 4-U, 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:

**GUILLERMO ROCHA**

Name of Person

**DYNAMIC SOLUTIONS 4-U**

Firm/Company

**3824 DONNA LYNN LANE**

Address

**ORLANDO, FL 32817**

City/State and Zip Code

**LMORAGUEZ@FICRESEARCH.COM**

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**LELANIE ROCHA**

Name of Person

at ( **407** ) **953-3065**

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**  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DYNAMIC SOLUTIONS 4-U, 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:**

3824 DONNA LYNN LANE

3824 DONNA LYNN LANE

ORLANDO, FL. 32817

ORLANDO, FL. 32817

**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:

GUILLERMO ROCHA

Name

3824 DONNA LYNN LANE

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

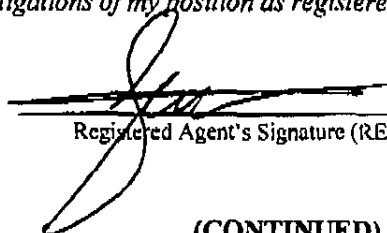
ORLANDO, FL. 32817

City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

GUILLERMO ROCHA  
3824 DONNA LYNN  
ORLANDO, FL 32817

MGR

LELANIE ROCHA  
3824 DONNA LYNN  
ORLANDO, FL 32817

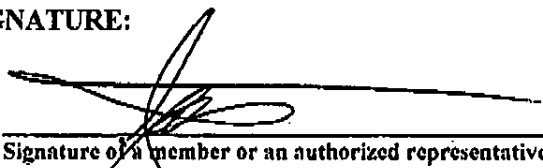
 

(Use attachment if necessary)

**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.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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. 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.)

GUILLERMO ROCHA  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
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**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)