14000192651

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	





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12/15/14--01034--009 **160.00

TILED 14 DEC 15 PH 2: 14 SECRETARY OF STATE SHANASSEE, FLORIE

DEC 1 8 2014 **T. HAMPTON**

COVER LETTER

	tration Section ion of Corpora				
SUBJECT:	INDYA	A. DENSOI	N , LLC		
		A. DENSOR Name of L	imited Liability	Company	
The enclosed A	Articles of Organ	nization and fee(s)	are submitted for	or filing.	
Please return a	ll corresponden	ce concerning this	matter to the fol	lowing:	
	1	NDYA DENSON			
-	······································	THE PERSON	Name of Po	erson	
			Firm/Com	oany	<u> </u>
	138	II HW 95th	TERR		
<u></u>			Address	3	
		MIANI FL	. 22:47		
		MIAN I, FL	City/State and Z	Zip Code	
	i-denson 1	LU284 @ yakoo. il address: (to be us	· Com		
	E-mai	il address: (to be us	sed for future an	nual report notific	ation)
For further info	ormation concer	ming this matter, pl	lease call:		
Indua	Denson	at	(305°)	588.3184	
	Name of Per	rson at (Area Code	Daytime Te	lephone Number
Enclosed is a c	sheek for the following	lowing amount:			
S125.00 Filing	; Fee □\$13	_	Certified		Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Add	Section	R	treet/Courier Add	
	Division of 0	Corporations		ivision of Corpora	tions

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLESOFOR	CANZATIO	VI OILI	LOIGDATA	MITED LAADILAT I	COMPANI
ARTICLE I - Name:					
The name of the Limited Liability Co	ompany is:				
INDYA A. DE	insort, LL	c			
(Must end with	the words "I	Limited	Liability Co	mpany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:					
The mailing address and street addre	ess of the prin	icipal of	fice of the I	Limited Liability (Company is:
Principal Office Address:			Mailing	Address:	
10189 CLEARY BLVD Sui	TE 103	_	1381 1	IW 45 TERR	
PLANTATION , FL 3332	-	_	MIP	MI , FL 3314	1
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an active The name and the Florida street additional street	nnot serve as i ve Florida reg	its own istration	Registered A		
	Indya I	Penson			_
	·	Name			
	1381 NW	95 **	Terr		
Florida stre	et address (P.	O. Box	NOT accep	otable)	-
M	lami		FL	33147	
	City			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..

ed Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 DEC 15 PM 2: 14
SECRETARY OF STATE
AFLAHASSEE, FLORIDA

-	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	largua Devices
OWNER	INDYA DENSON 1381 NW 95th Terr
	Miami 1 FL 32147
4	1 ((100) 10 23 17
N/A	
	New law or
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any.	
fective date is listed, the date must be of filling.) LEVI: Other provisions if any	be specific and cannot be more than five business days prior to or 9
fective date is listed, the date must be of filling.) LEVI: Other provisions if any	be specific and cannot be more than five business days prior to or 9
fective date is listed, the date must be of filling.) LEVI: Other provisions if any	be specific and cannot be more than five business days prior to or 9
Mective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 9
REQUIRED SIGNATURE: Gignature of (In accordance with sections and a section of the section of	be specific and cannot be more than five business days prior to or 9
REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

AKTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees:

14 DEC 15 PH 2: 14
SECRETARY OF STATE