

L19000226888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

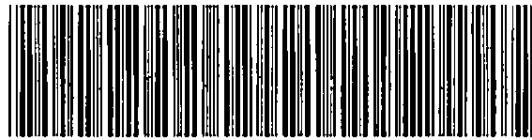
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 17 2019

08/28/2019

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam,

This letter is to notify the division of Corporations of the state of Florida that I will not reinstate the Company named **DAF SOLUTIONS CORP** created on **06/28/2017** document number **P17000056316**.

If you should have any questions or need further information please let me know.

Thanking you in advance for your assistance in this matter

Yours



EDEL DE ARMAS
P.305.491.8693

19 SEP -5 PM 1:01
DIVISION OF CORPORATIONS

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: DAF SOLUTIONS 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:

EDEL DE ARMAS

Name of Person

DAF SOLUTIONS LLC

Firm/Company

2651 NW 23RD COURT

Address

MIAMI, FLORIDA 33142

City/State and Zip Code

EDEARMA@HOTMAIL.COM

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

For further information concerning this matter, please call:

EDEL DE ARMAS 305 491-8693

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 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:

DAF SOLUTIONS 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:

Mailing Address:

2651 NW 23RD COURT
MIAMI, FLORIDA 33142

2651 NW 23RD COURT
MIAMI, FLORIDA 33142

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:

EDEL DE ARMAS
Name

2651 NW 23RD COURT
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FLORIDA 33142
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)

19 SEP -5 PM 1:02
DAF SOLUTIONS LLC

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MRG

Name and Address:

EDEL DE ARMAS

2651 NW 23RD COURT

MIAMI, FLORIDA 33142

AMBR

JESUS FALLS

6841 ATLANTA STREET

HOLLYWOOD, FLORIDA 33024

(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.
ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:



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.

EDEL DE ARMAS

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)

FILED
19 SEP -5 PM 1:02