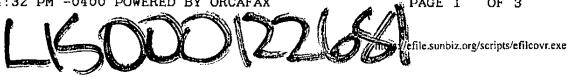
Division of Corporations



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000178373 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: HUBCO Account Name

Account Number: 104662003400

Fax Number

: (516)935-3940 : (800)293-4075

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

Email Address: pcamus12@gmail.com

FLORIDA LIMITED LIABILITY CO. DBOSS HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

7/22/2015 3:19 PM

H15000178373

ARTICLE I - Name: The name of the Limited Liability Compa	NIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  any is:
	DSS HOLDINGS, LLC
	words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15000 SW 20th Street	15000 SW 20th Street
Davie, FL 33326	Davie, FL 33326
The name and the Florida street address of Pablo G. Cat	
15000 SW 20	, . <del></del>
	Idress (P.O. Box NOT acceptable)
Davie	FL 33326
	City Zip
the place designated in this certificate capacity. I further agree to comply with	and to accept service of process for the above stated limited liability company at thereby accept the appointment as registered agent and agree to act in this the provisions of all statutes relating to the proper and complete performance and accept the obligations of my position as registered agent as provided for in
Registered	Chapter 605, F.S  SECRETARY OF ST. AHEROLINED)  Pablo G. Camus  (CONTINUED)  Properties:

H15000178373

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Pablo G. Camus
	15000 SW 20th Street Davie, FL 33326
	Davie, FL 55520
(Use attachment if necessary)	
ective date is listed, the date must be spirif filing.)  EVI: Other provisions, if any.	of filing: (OPTIONAL) ecilic and connot be more than five business days prior to or 90 d
f filing.)	ecilic and cannot be more than five business days prior to or 90 d
f filing.)	ecilic and cannot be more than five business days prior to or 90 d
of filing.)	ecilic and cannot be more than five business days prior to or 90 d
E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecilic and cannot be more than five business days prior to or 90 d
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a meaning and a signature of a signature of a meaning a signature of a signa	mber or an authorized representative of a member.
E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a menuicular description of constitutes an affirmation of constitutes and constitutes a	mber or an authorized representative of a member.  305.0203 (1) (1), Florida Statutes, the execution of this document neer the penaltics of periury that the facts stated herein are true.
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mention of a m	mber or an authorized representative of a member.  305.0203 (1) (4), Florida Statutes, the execution of this document need the penaltics of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mention of a m	mber or an authorized representative of a member.  305.0203 (1) (1), Florida Statutes, the execution of this document notes the penalties of perjury that the facts stated herein are true. From the committed in a document to the Department of State lony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mention of a m	mber or an authorized representative of a member.  305.0203 (1) (1), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mention of a m	mber or an authorized representative of a member.  305.0203 (1) (1), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Pablo G. Camus  Typed or printed name of signee
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mention of a m	mber or an authorized representative of a member.  305.0203 (1) (1), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Pablo G. Camus  Typed or printed name of signee
E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a men of the accordance with section of the constitutes an affirmation of the amount of the amount of the amount of the amount of the constitutes are affirmation of the amount of the constitutes are affirmation of the constitutes	mber or an authorized representative of a member. 605.0203 (1) (1), Florida Statutes, the execution of this document of the penaltics of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Pablo G. Camus
E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a men of the accordance with section of the constitutes an affirmation of the amount of the amount of the amount of the amount of the constitutes are affirmation of the amount of the constitutes are affirmation of the constitutes	mber or an authorized representative of a member.  305.0203 (1) (1), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Pablo G. Camus  Typed or printed name of signee