

## Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4003

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone 0: (305)599-0839 Fax Number: (305)716-0346

r : (302)/16-0346

### LIMITED LIABILITY COMPANY

D & Y, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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# HOOCOOOOG 53 6 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

D & Y, LLC

#### ARTICLE II - Address:

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

3224 NW 5 Avenue Miami, FL 33127

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Deanna Fuller Bechnainou		
Name		
2324 NW 5 Avenue	_	
Florida street address (P.O. Box NOT acceptable)		
Miami FL 33127	_	
City, State, and 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 608, F.S..

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Signature of a member of an authorize

(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.)

representative of a member.

Deanna Fuller Bechnainou
Typed or printed name of signee