

L04000012298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

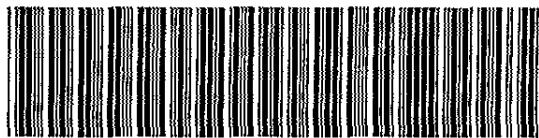
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DFC Services 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:

David Dweck
(Name of Person)

DFC Services, LLC
(Firm/Company)

7750 West McNab Road, Suite 101
(Address)

Tamarac, Florida 33321-2925
(City/State and Zip Code)

For further information concerning this matter, please call:

David Dweck at (954) 724-4421
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DFC Services LLC

ARTICLE II - Address:

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

Principal Office Address:

7750 West McNab Road

Suite 101

Tamarac, Florida 33321-2925

Mailing Address:

7750 West McNab Road

Suite 101

Tamarac, Florida 33321-2925

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

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

David Dweck

Name

7750 West McNab Road, Suite 101

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

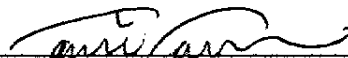
Tamarac

FLORIDA 33321-2925

City, State, and Zip

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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, Florida Statutes..



Registered Agent's Signature

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:

MGRM

David Dweck

7750 West McNab Road, Suite 101

Tamarac, Florida 33321-2925

MGRM

Sandra K. Williams

7750 West McNab Road, Suite 101

Tamarac, Florida 33321-2925

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

David Dweck

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization ✓

\$ 25.00 Designation of Registered Agent ✓

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional) ✓

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