

LD4000068738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

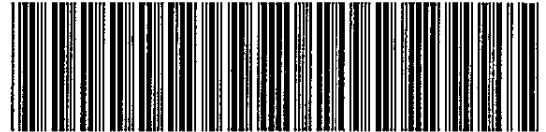
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041773090

10/25/04 -01054--023 **25.00

RECEIVED
OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

OCT 25 PM 12:09

FILED

LD4-68738
R

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.L.T.M. ENTERPRISES, LLC
(Name of Limited Partnership)

DOCUMENT NUMBER: L04000068738

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENIRA LOUIS
(Name of Person)

D.L.T.M. ENTERPRISES, LLC
(Firm/Company)

1472 N.E. 150TH STREET
(Address)

MIAMI, FLORIDA 33161-2641
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee & Certificate of Status ☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

SECRET
04 OCT 1955 PM 2:08
FILED
The following is enclosed
in a separate envelope
for the State of Florida
and is not to be
distributed outside
of the State of Florida
without the approval
of the State of Florida
Attorney General
The following is enclosed
in a separate envelope
for the State of Florida
and is not to be
distributed outside
of the State of Florida
without the approval
of the State of Florida
Attorney General

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

D.L.T.M. Enterprises, LLC.

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

MISSPELLED NAME - (WRONG) BENIRA BEN NIRA
SHOULD BE - BENIRA LOUIS.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

PLEASE CORRECT NAME ABOVE TO
BENIRA LOUIS.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 25 PM 12:08

FILED

Dated: 10-16-2004

BENIRA LOUIS

561-274-9608

Signature of a member or authorized representative of a member

BENIRA LOUIS

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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

FILED
2004 SEP 20 PM 3:23
JULIEN INCORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

D.L.T.M. ENTERPRISES, LLC

ARTICLE II - Address:

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

Principal Office Address:

1472 N.E. 150th Street

Miami, Florida 33161-2641

Mailing Address:

1472 N.E. 150th Street

Miami, Florida 33161-2641

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

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

Moral Angrand

Name

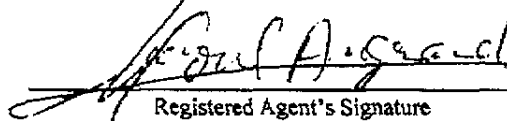
1472 N.E. 150th Street

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

MIAMI, FLORIDA 33161-2641

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, Florida Statutes..


Registered Agent's Signature

FILED
2004 SEP 20 PM 3:23
UNIONENAL CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Managing Member

Audieu Petit Frere

1472 n.e. 150th Street

Miami, Florida 33161-2641

Managing Member

Morel Angrand

2255 N.W. 119th Street

Miami, Florida 33161-3063

Managing Member

Ben Nira Louis

2402 W. Lake Ida Road

Delray Beach, Florida 33445

Managing Member

Marie L. Lucas

170 N.E. 17th Court

Boynton Beach, Florida 33435

(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.)

MOREL ANGRAND
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)