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(Re	questor's Name	)
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(Cit	y/State/Zip/Phor	ne #)
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SECRETARY OF STATE

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## TRANSMITTAL LETTER

	ration Section on of Corporations			÷	
SUBJECT:	DSE	Fivancia Name of Limited Lin	1 Se	rvices	, LLC
	1)	Name of Limited Li	ability Compa	any)	
The enclosed A	rticles of Organization	and fee(s) are subm	itted for filing	<u>.</u>	
Please return a	l correspondence conce	ming this matter to	the following	<i>:</i>	
	>	Ale S.	EAS	ten	
	DSE	Fiwanicial (Firm	Seru (Company)	ices ,	LLC
	6401	MA II.	ddress)	Lane	<u> </u>
	Coc	onット C (City/State	ceek and Zip Code	Floris	J <sub>4</sub> 33073
For further info	rmation concerning this	matter, please call:			
Dale	S. EAStw (Name of Person)	at (	954 .	422	- 34 y L
	(Name of Ferson)		(Alea Cou	z & Daytime Te	replicate (4miloci)
Enclosed is a	check for the followin	g amount:			
□ \$125.00 Fili	ng Fee	of Status Co	\$155.00 Fi ertified Copy Iditional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS	S:	ì	MAILING AI	ODRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:	
DSE FINA	veilal Services LLC
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Coconut Creek Florida 33073	Coconut Creek Florida 33073
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	registered agent are:
ivanic	EAS for description of the state of the stat
Coconst Ceck City, State, a	· · · · · · · · · · · · · · · · · · ·
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature LARET TAN

Page 1 of 2

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana 'MGRM" = Ma	ger naging Member		
MGRM		Dale 5 Easton	
	The Court of the C	6401 MALLANDE LANG	<del></del>
		Cocanut Craek, Florida	330 13
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NOTE: An add	ditional article must b	e added if an effective date is requested.  or an authorized representative of a member.	
NOTE: An add	ditional article must b IGNATURE: Signature of a member	or an authorized representative of a member.	
Use attachment NOTE: An add	ditional article must b  IGNATURE:  Signature of a member  (In accordance with sections)	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury	
NOTE: An add	GNATURE:  Signature of a member  (In accordance with section of this document constitution that the facts stated here	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury	

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)

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