

L05000014509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

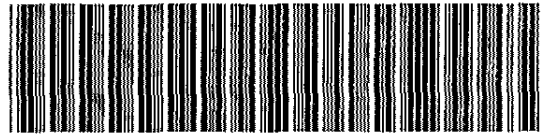
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AK

Office Use Only



400046123354

02/11/05--01044--004 **155.00

RECEIVED
05 FEB 11 AM 11:20
STATE
TALLAHASSEE, FLORIDA

FILED
05 FEB 11 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

FILED
05 FEB 11 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DSCG ENTERPRISES, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2.00



Certified Copy.

☐ Mail out

☐ Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY (LLC)

FILED
05 FEB 11 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

DSCG ENTERPRISES, LLC

ARTICLE II – Address:

The physical address and mailing address of the principal office is:

5059 NW 195TH LANE
OPALOCKA FL 33055

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

The name and address of the registered agent is:

MARY J. PEREZ
5059 NW 195TH LANE
OPALOCKA FL 33055

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 Charter 608, F.S..




Registered Agent's Signature

ARTICLE IV – Management:

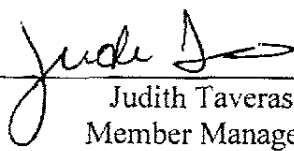
The Limited Liability Company is to be managed by:

JUDITH TAVERAS – Member Manager

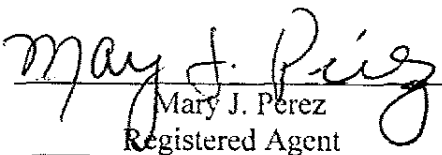


Signature of a member Manager

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.



Judith Taveras
Member Manager



Mary J. Perez
Registered Agent