L05000121033

| (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: |
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Office Use Only



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SECRETATION OF STATE

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COVER LETTER

| то: | Registration Se Division of Co | | | | · — — | | |
|--|-----------------------------------|---|---------------|--|--|--|--|
| SUBJECT: DEL CONSULTING, 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: | | | | | | | |
| RICHARD L RIESENBERG (Name of Person) | | | | | | | |
| | | | | | | | |
| RICHARD L RIESENBERG ACCOUNTING (Firm/Company) | | | | | | | |
| 644 E HALLANDALE BEACH BOULEVARD | | | | | | | |
| (Address) | | | | | | | |
| HALLANDALE BEACH FL 33009 (City/State and Zip Code) | | | | | | | |
| | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| RICHARD L RIESENBERG (Name of Person) | | | at (<u>9</u> | $\frac{54}{\text{(Area Code & Daytime T)}}$ | 14 elephone Number) | | |
| Enclosed is a check for the following amount: | | | | | | | |
| | | \$130.00 Filing Fee & | □ \$ | 155.00 Filing Fee & | \$160.00 Filing Fee, | | |
| | • | Certificate of Status | Cert | ified Copy tional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ompany" or their abbreviation "LIC," or "L.C.,") ipal office of the Limited Liability Company is failing Address: |
|--|
| ipal office of the Limited Liability Company is |
| |
| |
| TO THE PART OF TAXI |
| 4531 SW 71ST LANE |
| IIAMI, FL 33183 |
| ffice, & Registered Agent's Signature: Agent. You must designate an individual or another |
| |

14531 SW 71ST LANE
Florida street address (P.O. Box NOT acceptable)

MIAMI
FL 33183

City, State, and Zip

Name

DEL VAN DORN

SECRETATION OF STATE AND A state of the stat

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: | . , |
|---|---|------------------------|
| "MGR" = Manager "MGRM" = Managing Me | ember | |
| MGR | DEL VAN DORN | |
| | 14531 SW 71ST LANE | |
| | MIAMI FL 33183 | |
| MGRM | TERI A HANPSON | |
| | 9439 CAVALRY DRIVE | |
| | SCOTTSDALE AZ 85652 | <u> </u> |
| | | , - |
| | | |
| | | <u> </u> |
| | | |
| | | |
| | | <u> </u> |
| (Use attachment if necessa | uy) | |
| ADTICLE V. Effective data if oth | ner than the date of filing: | (OPTIONAL) |
| | ate must be specific and cannot be more than five by | |
| to or 90 days after the date of filin | • | • • |
| | | |
| REQUIRED SIGNATUR | RE: | a. o |
| | | AF 05 DEC SECRET |
| | 11/Vard & | |
| Signature | of a member or an authorized representative of a member. | |
| (In accord | lance with section 608.408(3), Florida Statutes, the execution | 2 PH 1:1 |
| | cument constitutes an affirmation under the penalties of perjury facts stated herein are true.) | |
| | AN DORN | 10A 52 |
| | Typed or printed name of signee | • |

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)