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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D'& Peal Estate Services, L.C. (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:
Elizabeth Mesegue 300 300 300 300 300 300 300 300 300 30
DEC Real Estate Services &
P.O. Box 145434 (Address)
Mirsoni Fl 33114 (City/State and Zip Code)
For further information concerning this matter, please call:
Elizabeth Mesegue at (305) 753-4813 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is:		
DEC Real Estate Services LLC, "or "L.C.") (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
15-15-4 SW 170 Terr P.O. Box 145434 Mipmi, Fl 33187 Coral Fables, Fl 33114		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Elizabeth mesegue		
Florida street address (P.O. Box NOT acceptable)		
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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPARTICLE I - Name:

(CONTINUED)
Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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 Member	Doniel Bour Rosmind
MGR	15454 ow 1710 Terr 3
MGRM	Elizabeth Mesegue 17110 SW 12 AVE miami, Fl 33129
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: $\frac{3/15}{00}$. (OPTIONAL) be specific and cannot be more than five business days prior

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.)

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)