

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
<u> </u>			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Consideration to Siling Office			
Special Instructions to Filing Officer:			
11102000008087			

Office Use Only



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FEB 2 8 2008

**EXAMINER** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2008

LIONEL LAURENT 112 RUDY ST. AUBURNDALE, FL 33823

SUBJECT: D S M INVESTMENTS LLC

Ref. Number: W08000008087

We have received your document for D S M INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 008A00009727

Deborah Bruce Regulatory Specialist II

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: DSM INVESTMENTS 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:						
LIONEL LAURENT						
(Name of Person)						
DSS INVESTMENTS						
(Firm/Company)						
112 RUDY ST.						
(Address)						
AUBURNBALE, FL 33823						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
LIONEL LAURENT at (407 ) 808 - 7205						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$125.00 Filing Fee \$\bigcirclet{\subset}\$\$130.00 Filing Fee & \$\bigcirclet{\subset}\$\$\$\$ \$155.00 Filing Fee & \$\bigcirclet{\subset}\$\$\$\$ \$160.00 Filing Fee, \$\$\$ Certificate of Status & \$\$\$\$ Certificate of Status & \$\$\$\$\$ Certificate of Status & \$\$\$\$\$\$\$ Certificate of Status & \$						
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:							
D S M INVESTMENTS LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Co	mpany	/ is:				
Principal Office Address:	Mailing Address:	•					
112 RUDY ST. AUBURNDALE, FL. 33823		- -					
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signatured Agent. You must designate an individual or another	re:	SE DIVIS				
The name and the Florida street address of the re	gistered agent are:	FEB					
LIONEL LAUREN	T	27	유지				
Name  112 RUDY ST.  Florida street addr  AUBURNDALE, F	ess (P.O. Box <u>NOT</u> acceptable) L <sub>FL</sub> 33823	PM 3: 24	LED A DE STUTE Call				
City State on	d 7in						

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> "MGR" = Manager		Name and Address:
	"MGRM" = Managing Membe	r	
"MGR"	Lionel Laurent	"MGR"	112 Rudy St. Aubumdale, FI 33823
MGR"	Schuni T. Laurent	" MGR"	112 Rudy St.
			Auburndale, Fl. 33823
	,		
	(Use attachment if necessary)		•
ARTI	CLE V: Effective date, if other the	nan the date	of filing: (OPTIONAL)
(If an	effective date is listed, the date r 0 days after the date of filing.)	nust be sp	ecific 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.)

# **Lionel Laurent**

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)