

L09000020258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

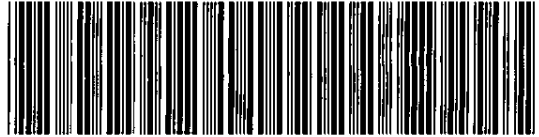
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 FEB 27 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

S. HAWKES

MAR 2 2009

EXAMINER

~~S. HAWKES~~

~~FEB 18 2009~~

~~EXAMINER~~

11909-7890



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2009

DEODAT JOSEPH  
1218 RAVIDA CIRCLE  
ORLANDO, FL 32825

SUBJECT: DS & S INSTALLATION LLC  
Ref. Number: W09000007898

We have received your document for DS & S INSTALLATION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 809A00005820

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DS & S INSTALLATION 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:

DeoDat JOSEPH  
(Name of Person)

DS & S Installation LLC  
(Firm/Company)

1218 RAVIDA CIRCLE  
(Address)

ORLANDO, FL 32825  
(City/State and Zip Code)

For further information concerning this matter, please call:

DeoDat JOSEPH at (407) 230 5823  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

1218 Ravida circle  
Orlando fl.32825  
PH.407-230-5823

I Deodat Joseph owner of DS&S INSTALLATION CORP. fein#510620392  
At above address have no intention of reinstating that business .

Thank You.



.....  
Deodat Joseph.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DS & S Installation LLC

(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:

1218 Ravida Circle  
ORLANDO, FL 32825

### Mailing Address:

1218 Ravida Circle  
ORLANDO, FL 32825

## 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:

DeoDat Joseph

Name

1218 Ravida Circle

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32825

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



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

~~DEADAT~~ MGR

**Name and Address:**

Deadat Joseph  
1218 Ravida Circle  
Orlando, FL 32825

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TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

DEADAT JOSEPH

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)