

• L09000043948

(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:

W09-14560

**A. LUNT**

MAY - 6 2009

**EXAMINER**

Office Use Only



700147516827

03/26/09--01028--023 \*\*160.00

**FILED**  
2009 MAY -4 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2009

CYNTHIA J GUANLAO  
697 BEAR PAW CT.  
WINTER SPRINGS, FL 32708

SUBJECT: DACY MEETINGS AND EVENTS, LLC  
Ref. Number: W09000014560

FILED  
2009 MAY -4 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DACY MEETINGS AND EVENTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 209A00010430

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DACY meetings and events, 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:

CYNTHIA J. GUANLAD

(Name of Person)

DACY meetings and events, LLC.

(Firm/Company)

697 Bear Paw Ct.

(Address)

Winter Springs, FL 32708

(City/State and Zip Code)

2009 MAY -4 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

CYNTHIA GUANLAD

(Name of Person)

at (407) 359-7667

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, 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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DACY meetings and events, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

697 Bear Paw Ct.  
Winter Springs, FL 32708

#### Mailing Address:

697 Bear Paw Ct.  
Winter Springs, FL 32708

### 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:

CYNTHIA GUANLAD

Name

697 BEAR PAW CT.

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

WINTER SPRINGS, FL 32708

City, State, and Zip

FILED  
2009 MAY -4 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Cynthia J. Guanlad  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

CYNTHIA GUANLAD  
697 BearPaw Ct.  
Winter Springs, FL 32768

MGR

DARA URBINA  
1717 Carillon Park Dr.  
Oviedo, FL 32765

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY -4 PM 1:11

FILED

(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:**

Cynthia J. Guanlad  
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.)

CYNTHIA GUANLAD  
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)