

L100000060139

(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:

**A. LUNT**

JUN - 4 2010

**EXAMINER**

Office Use Only



800181605418

06/03/10--01027--015 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN - 3 PM 2:53

FILED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: DAS Commissary, 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:

Chad Martin

Name of Person

Dimitri's Artisan Sandwiches

Firm/Company

2956 Oceans Trace

Address

Daytona Beach Shores, FL 32118

City/State and Zip Code

cflcpa@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Martin

Name of Person

at (386) 299 2417

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

2010 JUN -3 PM 2:53  
RECEIVED  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DAS Commissary, 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:**

790 S Atlantic Ave.  
Ormond Beach, FL 32176

**Mailing Address:**

2956 Oceans Trace  
Daytona Beach Shores, FL 32118

**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:

Chad Martin

Name

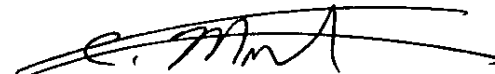
2956 Oceans Trace

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

Daytona Beach Shores FL 32118

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)

FILED  
200 JUN -3 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Chad Martin

2956 Oceans Trace  
Daytona Beach Shores, FL 32118

MGRM

Dimitri Bountzakis

2305 N Oleander Ave.  
Daytona Beach, FL 32118

MGRM

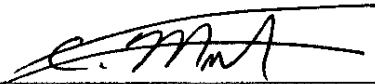
Stephen Torres

435 Magan Dr.  
Henderson, NV 89014

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 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.)

Chad Martin

Typed or printed name of signer

**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)

2019 JUN -3 PM 2:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED