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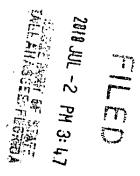
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  A. LUNT
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## **COVER LETTER**

TO: Registration Division of C		
SUBJECT:	Dana Ho	pe ENterprise, LLC ited Liability Company
	Name of Lim	ited Liability Company
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.
Please return all corres	spondence concerning this ma	atter to the following:
<del></del>	Nac	Name of Person
		Firm/Company
- <del></del>	6811	W. MONTROSE Ave
	Han	W. Montrose Ave  Address  ewood Keights, LL 60706  ity/State and Zip Code  Nahope 1 @ gmail Control  for future annual report notification)
	da	Nahope 1 @ gmail com
For further information	n concerning this matter, pleas	se call:
Name	adia of Person	_ at ( <u>773</u> ) <u>85/-8363</u> & Area Code & Daytime Telephone Number
Enclosed is a check t	for the following amount:	••••
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 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:
Dava Hope Enterprise, 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:  Mailing Address:
817 Bellevue NE 6811 W. MONTROSE Palm Bay Harwood Keights, FL 3290-1 12 60706
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:
Sergei Vorobiov
817 Bellevue NG 3 m
Florida street address (P.O. Box NOT acceptable)  Palm Bayl 32907  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)

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:

"MGRM" = Managing Member  MGR	Nadia Ozdrovska 6811 W. Montrose Harwood Heights, 1260
	Harwood Heights, 16 60
•	· · · · · · · · · · · · · · · · · · ·
	2 PH 17
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e 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 the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nadia Ozdkovska
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)