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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8108  
Fax Number : (305) 381-8109

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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FALLAHASSEE, FLORIDA  
10 SEP 13 AM 9:36

FLORIDA LIMITED LIABILITY CO.  
DVCA Enterprise LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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SEP 14 2010

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: **DVCA Enterprise LLC**

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2929 SW 3<sup>rd</sup> Avenue, Suite 330, Miami, Florida 33129

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Geoffrey M. Wayne, Esq.  
2929 SW Third Avenue,  
Suite 330  
Miami, Florida 33129-2710

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CLERK 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.

Geoffrey M. Wayne  
Registered Agent's Signature

**ARTICLE IV - Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ARTICLE V - That the Members and Officers of the Company are:**

Carol Argibay

Member/President/Secretary

(An additional article must be added if an effective date is requested)

Geoffrey M. Wayne Authorized Representative  
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.)

Geoffrey M. Wayne

Typed or printed name of signee

**FILING FEES:**

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\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)