

L10000097114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

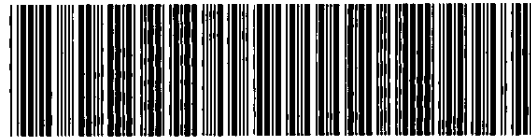
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10 AUG - 8 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W10-37271

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIS COMPANY LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

EIN # 90-0595847

Please return all correspondence concerning this matter to the following:

MIGUEL A DOWNS

Name of Person

DIS COMPANY LLC

Firm/Company

PO BOX 3732

Address

ST PETERSBURG FL 33731

City/State and Zip Code

athleticphoto@aol.com

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

For further information concerning this matter, please call:

MIGUEL A DOWNS

Name of Person

at (727) 365-5575

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:

DIS COMPANY 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:155 14 AVE NE
ST PETERSBURG FL 33701**Mailing Address:**PO BOX 3732
ST PETERSBURG FL 33731**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:

MIGUEL A DOWN
Name155 14 AVE NE
Florida street address (P.O. Box **NOT** acceptable)
ST PETERSBURG FL 33701
City, State, and Zip

Having been named as registered agent and to accept service of process for the above ~~limited~~ ^{FILED} 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

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10 AUG - 8 PM 3:44
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TALLAHASSEE, FLORIDA

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

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

Title:

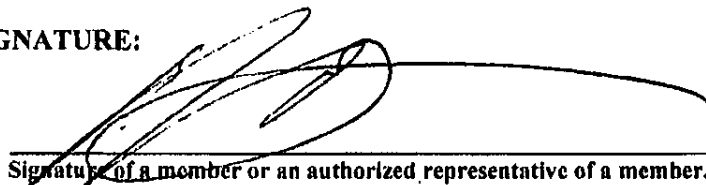
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMMIGUEL A DOWNS
155 14 AVE N.E.
ST PETERSBURG FL 33701

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/1/2010 (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.)

MIGUEL A DOWNS
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)