## L10000107076

(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:

Office Use Only



800186385468

Effective Date 10/08/2010

10/12/10--01021--020 \*\*125.00

FILED

10 OCT 12 PM 3:3

SECTION SECTION OF THE PROPERTY OF TH

J. BRYAN

OCT 1 3 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corpor			
· SUBJECT:	DT Holdings, LLO Name of Elimited Liab	ility Company	
	ganization and fee(s) are submitt		
Please return all corresponde	ence concerning this matter to th	e following:	
Diego R	veda/ David Go	Het, Ese.	
Gell	er Mitha, PA.		
	Firm/C	ompany	78
15500 NC	Wisan Road		E ST
	Ado	Iress	72 12
Miami Lake	s. FL 33014		FILED 3: 38 OCT 12 PH 3: 38 LANASSEE, TLORID
	City/State a	nd Zip Code	ب ال
david geller	City/State a City/	annual report notification)	38 107 107
	erning this matter, please call:	•	•
David Geller Name of Per	at (at	Area Code & Daytime Telepho	2_ ne Number
Enclosed is a check for the	e following amount:		
\$125.00 Filing Fee \$1	Certificate of Status Ce	rtified Copy ditional copy is enclosed)	160.00 Filing Fee, ertificate of Status & ertified Copy ddditional copy is enclosed)
Re Di P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:  NAT Holdings, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
5041 S. State Road 7, Unit 402 Davic, FL 33314
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:  Effective Date 10 08 10
Daval Geller, Esa Name
Florida street address (P.O. Box NOT acceptable)
Miguni Lakes FL 33014 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each Manag	er or initializing intemper is as follows: $\Delta_{i,j}$ :
	<b>2</b> 5 0
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:  Dicgo Rucda  Fixt S. State Road 7. Un + 9002
MGRM	Diego Rueda Z
70.0	5041 S. State Road 7, Un, + Goz
	Davic, FL 33314
/II 1	
(Use attachment if necessary)	
•	10/8/2112 (00000)
CLE V: Effective date, if other than the	date of filing: 10/8/2010 . (OPTIONAL)
CLE V: Effective date, if other than the offective date is listed, the date must be	date of filing: 10/8/2010 . (OPTIONAl specific and cannot be more than five business day
CLE V: Effective date, if other than the offective date is listed, the date must be	
CLE V: Effective date, if other than the	
CLE V: Effective date, if other than the defective date is listed, the date must be 0 days after the date of filing.)	
CLE V: Effective date, if other than the defective date is listed, the date must be 0 days after the date of filing.)	
CLE V: Effective date, if other than the deffective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:	specific and cannot be more than five business day
CLE V: Effective date, if other than the offective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	

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)