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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

NOV 10 2010

EXAMINER

EFFECTIVE DATE

1-1-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2010

DARRELL FINLEY
17131 NW 42ND PLACE
MIAMI, FL 33055

SUBJECT: DAF, LLC
Ref. Number: W10000049342

We have received your document for DAF, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000109261.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 19, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 610A00024809

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November 8, 2010

Ms. Tammi Cline
Regulatory Specialist II
Florida Department of State Division of Corporate
P.O.Box 6327
Tallahassee, Florida 32314

RE: DAF, LLC Letter Number: 610A00024809

Dear Ms. Tammi Cline,

Enclosed is the updated Articles of Organization for Letter Number: 610A00024809. If you have any questions feel free to contact me via email jermainejones@tafc.biz or 407-312-9732. Thanks.

Sincerely,

Jermaine A. Jones
President

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **DAF Production, 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:

Darrell Finley

Name of Person

DAF Production, LLC

Firm/Company

17131 NW 42nd Place

Address

Miami

Florida

33055

City/State and Zip Code

alyricmusic@gmail.com

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

For further information concerning this matter, please call:

Darrell Finley

Name of Person

at (**786**) **303 - 6293**

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAF Production, 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:

17131 NW 42nd Place
Miami, FL 33055

Mailing Address:

17131 NW 42nd Place
Miami, FL 33055

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:

Darrell Finley

Name

17131 NW 42nd Place

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

Miami

FL

33055


City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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:

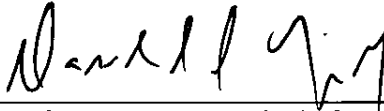
MGR

Darrell Finley
17131 NW 42nd Place
Miami, FL 33055

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Darrell Finley

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)**

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TALLAHASSEE, FLORIDA