Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000985263)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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

Email Address:

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SECRETARY OF STATE
ALLAHASSEE, FLORID

FLORIDA LIMITED LIABILITY CO. DAYBEL SERVICES LLC

Certificate of Status 1
Certified Copy 0
Page Count 03
Estimated Charge \$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H110000098526

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	,
The name of the Limited Liability Company is:	
DAYBEL (Must and with the words "Limited Liability	Services LLC
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2259 Nova Village dr	SAME
Davie, 41 35347	
	ared Agent. You must designate an individual or another
Name	ु 💆 📆 🕊 🖰
2254 Nova Vi Florida street addr	ress (P.O. Box NOT acceptable)
Davic City, State	FL 33317

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

H11000098526

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Dayhel Mora P	
MGRM	Jris B Penate 2259 Nova Village 23317	Gr
 		
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da	ate of filing:(OPTION	JAI.)
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)	· · · · · · · · · · · · · · · · · · ·	,
<u>REQUIRED</u> SIGNATURE:	Hoin	SECRETARY ISION OF CO
Signature of a member	r as authorized representative of a member.	₩ 25 m C
constitutes an affirmation under th	18(3), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true, iron submitted in a document to the Department of State is provided for in s.817.155, F.S.)	STATE ORAPION
Types	CiOB Penate of printed name of signes	* 97

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

Page 2 of 2