LII 000085255

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JUL 2 5 2011

EXAMINER



200209815342



ACCOUNT NO. : I2000000195
REFERENCE: 8567-82 4305390
AUTHORIZATION: Spulle man 3 200
COST LIMIT: \$ 125.00
ORDER DATE : July 25, 2011
ORDER TIME: 2:40 PM
ORDER NO. : 856782-005
CUSTOMER NO: 4305390
DOMESTIC FILING
NAME: DAZEE LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XXX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XXX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Matthew Young - EXT. 2962
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compan	ny is: •
DAZEE LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
<u>-</u>	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6517 Northwest 39th Terrace	6517 Northwest 39th Terrace
Boca Raton, FL 33496	Boca Raton, FL 33496
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	the registered agent are:
Edward Jaffy	
N	ame

6517 Northwest 39th Terrace
Florida street address (P.O. Box NOT acceptable)
Boca Raton FL 33496

City, State, and Zip

med as registered agent and to accept service of process for the above stated

pany at the place designated in this certificate. I hereby accept the appointment

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

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 SOLE MEMBER Edward Jaffy 6517 Northwest 39th Terrace Boca Raton, FL 33496 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Edward Jaffy, Sole Member

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)