

L110000125018

(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



400213905434

11/02/11--01025--010 \*\*125.00

EFFECTIVE DATE 11-2-11

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11 NOV -2 AM 11:39

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV -2 PM 2:55

FILED

B. BOSTICK  
NOV 2 - 2011  
EXAMINER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DS Distributing, LLC

Signature \_\_\_\_\_

Requested by: SETH

11/02/11 11:00

Name

Date

Time

Walk-In

Will Pick Up

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

FILED  
11 NOV -2 PM 2:55  
TALLAHASSEE, FLORIDA  
STATE

**ELECTRONIC ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the Limited Liability Company is: DS DISTRIBUTING, LLC.

**ARTICLE II**

The street address of the principal office of the Limited Liability Company is:

500 North Westshore Blvd. Suite 1015  
Tampa, FL 33609

The mailing address of the Limited Liability Company is:

500 North Westshore Blvd. Suite 1015  
Tampa, FL 33609

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS


**ARTICLE IV**

The name and Florida street address of the registered agent is:

Kendall A. Almerico  
500 North Westshore Blvd. Suite 1015  
Tampa, FL 33609

FILED  
11 NOV -2 PM 2:55  
OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

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.

  
\_\_\_\_\_  
Kendall A. Almerico  
Registered Agent

## ARTICLE V

The name and address of the managers are:

Title: Managers

Danny Moskowitz  
500 North Westshore Blvd., Suite 1015  
Tampa, FL 33609

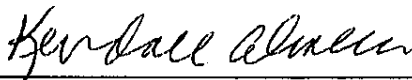
Kendall Almerico  
500 North Westshore Blvd., Suite 1015  
Tampa, FL 33609

## ARTICLE VI

The effective date for this Limited Liability Company shall be:

November 2, 2011

Signature of member or an authorized representative of a member:



Kendall A. Almerico  
Registered Agent

FILED  
11 NOV -2 PM 2:55  
TALLAHASSEE, FLORIDA