

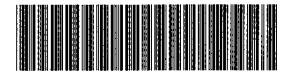
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**EXAMINER** 



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## **COVER LETTER**

A CONTRACTOR OF THE PARTY OF TH

TO: Registration Section Division of Corporations	
SUBJECT: Daytoom LLC.	a constant the second
Name of Limi	ited Liability Company
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma	-
Karen Fierro	
	Name of Person
<del></del>	Firm/Company
293 Hazeltine Dr	
	Address
Debary, Fl 32713	
	ity/State and Zip Code
kwfierro@yahoo.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	
Karen Fierro	at (386 956-0339
Name of Person	Area Code & Daytime, Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Status & 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	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Responded young your	Light manifest an est ar excitation

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	<b>;</b> :	
Daytcom 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:
293 Hazeltine Dr	293 Hazeltine Dr
Debary, FI 32713	Sebary, Fl 32713

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:

Karen Fierro		ALL ALL	73	
Name		ARE ARE		77
293 Hazeltine Dr		ASSVI	<b>∓</b> -3	* (***********************************
	Florida street address (P.O. Box NOT acceptable)	Ψ. O.Y.		کمشبط إ
Debary	<sub>FL</sub> 32713	27.5	PH 12:	
	City, State, and Zip	ORIDA	?: 23	The same of

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

#### **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Daniel Japas	
	118 Pinedale Rd	
	Debary, Fl 32713	
<del></del>		
	·	
<del></del>		
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: January 1, 2012 (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.)

Daniel Japas

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)