

L120000 50498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

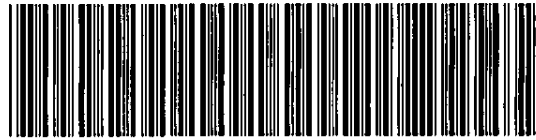
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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

APR 13 2012

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

NAME OF ENTITY

Figueroa DMP, LLC

FOR OFFICE USE ONLY

PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 4/13/12 TIME 8:45

Notes: _____

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
FIGUEROA DMP, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is: **FIGUEROA DMP, LLC**

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ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: **11129 Lomita Wren Road, Brooksville, FL 34614**

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the managers. The name and addresses of the managers are:

PABLO FIGUEROA
1129 Lomita Wren Road
Brooksville, FL 34614

PERSIDA FIGUEROA
1129 Lomita Wren Road
Brooksville, FL 34614

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

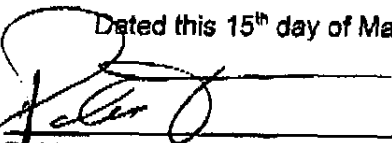
The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as ~~Managers~~
by: **Pablo Figueroa and Persida Figueroa.**

Dated this 15th day of March, 2012.


Pablo Figueroa
Manager



Persida Figueroa
Manager

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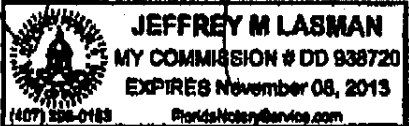
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STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 15th day of March, 2012, by **Pablo Figueroa** and **Persida Figueroa**, who have produced Florida Driver Licenses as identification.



Jeffrey M. Lasman, Notary Public


JEFFREY M LASMAN
MY COMMISSION # DD 938720
EXPIRES November 08, 2013
(407) 328-0183
FloridaNotaryService.com

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **FIGUEROA DMP, LLC**
2. The name and address of the registered agent and office is:

**JEFFREY M. LASMAN
Lasman Law Firm, P.A.
1560 W. Cleveland St.
St. Petersburg, FL 33713**

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.



Jeffrey M. Lasman

March 15, 2012
(Date)

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