# 112000/06812

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
,		

Office Use Only



100238081151

08/03/12--01015--009 \*\*125.00

SECRETARY OF STATE
TABLE HASSES OF ORDER

T. CLINE AUG 20 2012

**EXAMINER** 

### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2012

ELIZABETH SERIO 944 JEFFERY STREET BOCA RATON, FL 33487

SUBJECT: D.E. LISH! LLC Ref. Number: W12000041041

We have received your document for D.E. LISH! LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L10000081711.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II -3 AH 9: 02

Letter Number: 412A00020351

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: D.E. 115M. DISMS, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Sono Name of Person
D.E. IISN! DISMS, U.C.
944 Jeffery Street  Address
BOCA RAJON, FL 33487  City/State and Zip Code  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Eli3abeth Sono at (500) 358-1385  Name of Person at (500) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\times \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Clifton Building Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(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 Compa	nny is:
Principal Office Address: Mailing Address:	
Debi Failla Elizabeth Scho  Bloo NW 105 Ave 944 Kffcing street  Plantation, FL 33317 By a Roton, FL 33487	
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:	
Elizabeth Sovio	
Florida street address (P.O. Box NOT acceptable)  BOX LOSO, FL 33487  City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated l liability company at the place designated in this certificate, I hereby accept the appointmen registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as register a lagent as provided for in Chapter 608, F	t as s of all h and
Registered Agent's Signature (REQUIRED)	2000
(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 "MGRM" = Managing Member	Name and Address:
MAR	Deb) Faila 800 NW US AVE
MOR	Elisabeth Seno 944 Xeffeny street Boxa Raton, Fi 53487
(Use attachment if necessary)  ARTICLE V: Effective date, if other that (If an effective date is listed, the date m to or 90 days after the date of filing.)	ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)