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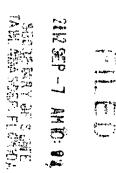
. (Requestor's	Name)
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PICK-UP W	/AIT MAIL
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T. CLINE
SEP 10 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Division of C	n Section Corporations		
SUBJE	CT: DAN	IDA Associates, L	LC	
5000			ted Liability Company	
The ana	alayad Artialas	of Organization and fee(s) are	submitted for filing	
		_	-	
Please	return all corre	spondence concerning this mat	tter to the following:	
	Daniel F	Rodriguez		
			Name of Person	
	DANIDA	A Associates, LLC		
			Firm/Company	
	2007 Su	inset Terrace Dr.		
-			Address	
(	Orlando, I	FI 32825		
-			ty/State and Zip Code	
	daniel7rod	riguez@yahoo.com	for future annual report notification)	_
F C	L 1 . C			
For furt	ner intormatio	n concerning this matter, please	e call:	
Danie	el Rodrigu	ez	at (407-823-9645)	
	Nam	e of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check	for the following amount:		
		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	** · 4
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
DANIDA Associates, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2007 Sunset Terrace DR Orlando, Fl 32825	2007 Sunset Terrace Dr Orlando, Fl 32825
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
Daniel Rodriguez	
Na	me
2007 Sunset Te	errace Dr
Florida street	address (P.O. Box NOT acceptable)
Orlando,	<sub>FL</sub> 32825
City	, State, and Zip
liability company at the place designated	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as with the provisions of all

Registered Agent's Signature (REQUIRED)

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.

(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:	Name and Address:
"MGR" = Manager	
"MGRM" = Manag	ing Member
MGR	IDIDA RODRIGUEZ
	39 E.39TH # 8 I
	PATERSON, NJ 07514
MGRM	DANIEL RODRIGUEZ
	2007 SUNSET TERRACE DR
•	ORLANDO, FL 32825
	•
·	
<i>(</i> 17)	
(Use attachment if	necessary)
NICHO NO MORO (* 1.	16 d d d 1 ccr: 09/06/2012 (option)
	e, if other than the date of filing: 09/06/2012 (OPTION
	l, the date must be specific and cannot be more than five business da
) days after the date	of filing.)
DECHIDED SICK	ATUDE.
REQUIRED SIGN	ATURE:
	Manual Males
Si	gnature of a member or an authorized representative of a member.
(In accorda	ance with section 608.408(3), Florida Statutes, the execution of this document
constitutes Lam awar	s an affirmation under the penalties of perjury that the facts stated herein are true.  e that any false information submitted in a document to the Department of State
2 4111 477411	- mai any tance information submitted in a document to the Department of State
constitutes	s a third degree felony as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee