L12000120915

(Requestor's Name)
(Address)
(133.555)
(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



500239780055

09/20/12--01011--005 **125.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

SEP 2 1 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	``A
SUBJECT: DML Auctions L	1
	imited Liability Company
The enclosed Articles of Organization and fee(s)	•
Please return all correspondence concerning this	matter to the following:
Daniel M Luongo	
	Name of Person
DML Auctions LLC	
	Firm/Company
3221 Johnson Street	
	Address
Hollywood, FL 33021	
1011y WOOd, 1 L 33021	City/State and Zip Code
dluon001@fiu.edu	
	sed for future annual report notification)
For further information concerning this matter, pl	lease call:
Daniel M Luongo	at (954) 404-0450
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount of the following fee \$125.00 Filing Fee &	
Certificate of Status	
Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
DML Auctions LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
3221 Johnson Street	3221 Johnson Street	
Hollywood, FL 33021	Hollywood, FL 33021	_
3221 Johnson Florida stree	Registered Agent. You must designate an individual the registered agent are: ame Street address (P.O. Box NOT acceptable)	
Hollywood,	_{FL} 33021	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this caps statutes relating to the proper and complete accept the obligations of my position as it	l in this certificate, I hereby accept the c acity. I further agree to comply with the e performance of my duties, and I am f	appointment as he provisions of all familiar with and

(CONTINUED)

Page 1 of 2

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

221 Johnson Street Iollywood, FL 33021
Iollywood, FL 33021

REQUIRED SIGNATURE:

Signature of a member of 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 M Luongo MGRM

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)