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SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER JAN -7 2013

COVER LETTER

TO: Registration S Division of Co			
Deni	z Holdings, L	I C	
SUBJECT: Delli		led Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
	A. Denis	Ü	
		Name of Person	
		Firm/Company	
1331 Li	ncoln Rd Apt	802	
		Address	
Miami E	Beach, FL 33 ²	139	
•	Cit	ty/State and Zip Code	
Den.Denis	s@yahoo.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Denis A. D	enis	_at (786) 537-7	183
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Liab	ility Company is:	
Deniz Holdings, LLC		
(Must end with th	e words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	t address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	<u>M</u> 8	ailing Address:
1331 Lincoln Rd. Apt. 802	133	31 Lincoln Rd. Apt. 802
Miami Beach, FL 33139	Mia	mi Beach, FL 33139
The name and the Florida stre	_	P.O. Box NOT acceptable)
	Name	
1331 Lincol	n Rd. Apt. 802	
	Florida street address (P.O. Box NOT acceptable)
Miami Be	each, FL 33139 _{FL}	हिन् र
	City, State, an	d Zip S
liability company at the pl registered agent and agree	ace designated in this co to act in this capacity. I	of service of process for the above stated limited ertificate, I hereby accept the appointment as further agree to comply with the provisions of formance of my duties, and I am familiar with
and accept the obligations of		red 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:

"MGR" = Man	ager	Name and Address:
"MGRM" = M	anaging Member	
MGRM		Denis A. Denis
	 ·	1331 Lincoln Rd. Apt. 802
,		Miami Beach, FL 33139
MGRM		Jose O. Deniz
		2622 Kirkhill Ct.
		Lawrenceville, GA 30044
		
(Use attachmer	nt if necessary)	
LE V: Effectiv	e date, if other than the	date of filing: (OPTIONA
LE V: Effective date is	ve date, if other than the slisted, the date must	date of filing: (OPTIONAL) be specific and cannot be more than five business
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fective date is or 90 days aft REQUIRED S	SIGNATURE: Signature of a member accordance with section 608. Stitutes an affirmation under	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
fective date is or 90 days aft REQUIRED S (In a cons	SIGNATURE: Signature of a member accordance with section 608. Stitutes an affirmation under a aware that any false information for the section formation and the section formation are the section formation under the section under the section formation under the section	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
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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)