# L13000007486

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL .
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(850) 245-6051.

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: The DBG Agency, 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:

# John Godinez

Name of Person

The DBG Agency, LLC

Firm/Company

18459 Pines Blvd. - Suite 420

Addres

Ft. Lauderdale, FL 33029

City/State and Zip Code

john.godinez@dbg-agency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Godinez

.,954

665-4040

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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
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

	Agency, LLC
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
<b>5</b>	
Principal Office Address:	Mailing Address:
	18459 Pines Boulevard Suite 420 Ft. Lauderdale, FL 33029
18459 Pines Boulevard	18459 Pines Boulevard
Suite 420	Suite 420
Ft. Lauderdale, FL 33029	Ft. Lauderdale, FL 33029
Lu	uisa F. Rengifo, Esq.
2900 Wo	eston Road - Suite # 103
	a street address (P.O. Box NOT acceptable)
	· · · · · · · · · · · · · · · · · · ·
	City, State, and Zip
liability company at the place design registered agent and agree to act in the all statutes relating to the proper and	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of d complete performance of my duties, and I am familiar with tion as registered agent as provided for in Chapter 608, F.S
Registered Age	And 's Signature (REQUIRED)

(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:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	nher
INCINITY — Intallaging Mich	illoci
MGRM	John Godinez
	2614 Oakbrook Court
	Weston, FL 33332
MEMBER	Josephine Godinez
	2614 Oakbrook Court
	Weston, FL 33332
MEMBER	Joann Kelly
	10 White Gate Drive
	Old Brookville, NY 11545
<del></del>	
	<del></del>
ZII	_ \
(Use attachment if necessar	у)
IF V. Effective date if oth	er than the date of filing: January 14, 2013 (OPTION)
ffective date is listed, the	er than the date of filing:
	date must be specific and cannot be more than five busine
ffective date is listed, the	date must be specific and cannot be more than five busine
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ffective date is listed, the or 90 days after the date o	date must be specific and cannot be more than five busing filing.)
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ffective date is listed, the or 90 days after the date of REQUIRED SIGNATUR  Signature  (In accordance with	date must be specific and cannot be more than five busing filing.)  E:  of a member or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution of this document
ffective date is listed, the or 90 days after the date of REQUIRED SIGNATUR  Signature  (In accordance with constitutes an affirm	date must be specific and cannot be more than five busing filing.)  E:  of a member or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.
ffective date is listed, the or 90 days after the date of the date of the days after the date of the days after the date of the days after th	date must be specific and cannot be more than five busin of filing.)  E:  of a member or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution of this document that the facts stated herein are true. If also information submitted in a document to the Department of State.
rective date is listed, the or 90 days after the date of the REQUIRED SIGNATUR  Signature  (In accordance with constitutes an affirm I am aware that any	date must be specific and cannot be more than five busing filing.)  E:  of a member or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.

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)