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FEB 1 8 2013 T. MASSIPTON (850) 245-6051.

COVER LETTER'

TO: Registration Section
Division of Corporations

DACLS Enterprises 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: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Derrick L. Graham Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & **\$160.00** Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 31, 2013

DERRICK L GRAHAM NAHLA'S CLOSET 28 RANWOOD LN PALM COAST, FL 32164

SUBJECT: DACLS ENTERPRISES LLC

Ref. Number: W13000006066

We have received your document for DACLS ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 31, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00002451

· ARTIČLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
DACLS Enterprises LLC (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 Liabilit	y Com	pany is		
Principal Office Address: Mailing Address:				
28 Ranwood lane 28 Ranwood la Pollm Coast FL Palm Coast Fl 32164 32164	ine _			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)	1ature: r another	:		
The name and the Florida street address of the registered agent are:				
Derrick L. Graham				
Florida street address (P.O. Box NOT acceptable) Poly Cocst FL 33164 City, State, and Zip				
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.				
Registered Agent's Signature (REQUIRED)		星		
(CONTINUED)	3 FEB 15	SECRETARY BENDER C		
Page 1 of 2	PH			

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Derrick L Granam 28 Ranwood lane Dalm Coost FL 32164
MGRM	Ashley E. Arce 28 Ramwood lane Palm Coast FL 32164
,	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or 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.)

ASMILY Arce
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)

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