C13000032489

(Requestor's Name)
(Address)
(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



100245091181

100245091181 03/01/13--01027--023 **130.00

2013 PUR - 1 AN ID: 50
SECRETARY OF STATE
ALLAHASSEE FLOSIE

MAR 4 2013 T CLINE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		Designs ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	Dana	V. Alexande Name of Person	<u></u>
	, ,,	Firm/Company	
	530 Nu		
	Pembroke	Pines FL 330 y/State and Zip Code	24
	Cit	@yahoo.com	
For further information	E-mail address: (to be used it concerning this matter, please	_	2013 SEC FALL
Oana Name	Alexarder of Person	_ at (<u>36.5</u>) 78.5 Area Code & Daytime Tele	[7]
Enclosed is a check f	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, Cortificate 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 Liability Company is:
Must end with the words "Limited Liability Company, L.L.C.," or "LLC.")
(ivids) end with the words. Elimited Elabimy Company, Cl. E.C., or Elec.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Pembroke Pines FE 33024 Pembroke Pines, FL 33024
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Having been named as registered agent and to accept service of process for the above stated limited 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)

(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:

Dana Alexander 530 nw 89 Terrace
Pembroke Pines, FL 33024
SEGRETIVRY AHASSE
ite of filing: 2/26//3 (OPTIONAL)
ıı

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.)

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)