L13000/4850/

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALL AHASSEE FLOORING

CEC - 5 2013

T. HAMPTON

TO: Registration Section

COVER LETTER

Division of Corporations	
SUBJECT: DCS Control LL	
Name of	Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Carlos Alberto Tor	res
	Name of Person
DCS Control LLC	
	Firm/Company
9833 Westview Dr	· #822
	Address
Coral Springs, FL	33076
luinotorron@amail.com	City/State and Zip Code
luisetorres@gmail.com E-mail address: (to be	used for future annual report notification)
For further information concerning this matter,	
Carlos Alberto Torres	954 709-4004
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int:
□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of State	
Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
DCS Control LLC.		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
9833 Westview Dr. #822	9833 Westview Dr. #822	
Coral Springs FL 33076	Coral Springs FL 33076	
The name and the Florida street address of the r Carlos Alberto Torres Name	registered agent are:	
9833 Westview Dr. #822 Florida street add	dress (P.O. Box NOT acceptable)	
Coral Spring	s _{EI} 33076	
	ate, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as registered Agent's Signate (CONTINE)	this certificate, I hereby accept the certificate, I hereby accept the certificate, I hereby accept the certificate, I further agree to comply we see performance of my duties, and egistered agent as provided for information of the certification of the certifica	he appointment as ith the provisions of I I am familiar with

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	r
MGR	Carlos Alberto Torres
	9833 Westview Dr #822
	Coral Spring, FL 33076
MGR	Luis Enrique Torres
	9833 Westview Dr #822
	Coral Spring, FL 33076
	•
	han the date of filing: (OPTIO
LE V: Effective date, if other the	e must be specific and cannot be more than five busi
LE V: Effective date, if other the effective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than five busi
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