

L14000023253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

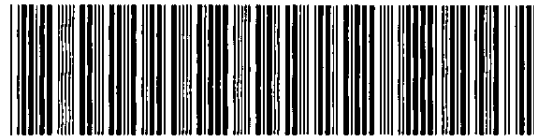
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300254340743

TO: SECRETARY OF TREASURY  
SUPERINTENDENT OF FINANCE

2014 FEB -4 AM 11:50

TO: SECRETARY OF TREASURY  
SUPERINTENDENT OF FINANCE

14 FEB -4 AM 9:16

14 FEB 11 2014

1014-7457

984060



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2014

*Client wants this name.*

CSC  
CARINA DUNLAP  
TALLAHASSEE, FL

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: DLZ FLORIDA, LLC  
Ref. Number: W14000007457

*This is the same entity with the rejection.*

We have received your document for DLZ FLORIDA, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : DLZ FLORIDA, LLC, document number W14000007436.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 814A00002579

RECEIVED  
DEPARTMENT OF STATE  
14 FEB 10 PM 2:09



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 984060 7784257

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : 02-03-70

ORDER TIME : 10:24 AM

ORDER NO. : 984060-005

CUSTOMER NO: 7784257

DOMESTIC FILING

NAME: DLZ FLORIDA, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CARINA DUNLAP EXT 52951

EXAMINER'S INITIALS: \_\_\_\_\_

14 FEB -4 AM 9:17  
TALLAHASSEE, FL 32304

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DLZ Florida, 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:

Josh Varelmann

Name of Person

DLZ Corporation

Firm/Company

6121 Huntley Road

Address

Columbus, Ohio 43229

City/State and Zip Code

jvarelmann@dlzlegal.com

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

For further information concerning this matter, please call:

Josh Varelmann

614

888-0040

at ( )

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DLZ Florida, 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 Liability Company is:

Principal Office Address:

Mailing Address:

2001 S.E. Sailfish Point Blvd., Unit 214  
Stuart, Florida 34996

2001 S.E. Sailfish Point Blvd., Unit 214  
Stuart, Florida 34996

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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

City

Zip

*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 605, F.S.*

Corporation Service Company

By:

Carina L. Dunlap

Carina L. Dunlap

Registered Agent's Signature (REQUIRED)

Asst. Vice President

(CONTINUED)

FILED  
TALLAHASSEE, FLORIDA  
14 FEB -6 AM 9:17

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

DLZ National, Inc.

6121 Huntley Road

Columbus, Ohio 43229

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

V.V. Rajadhyaksha

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

V.V. Rajadhyaksha

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)

FILED  
14 FEB - 6 PM 9:17  
TALLAHASSEE, FLORIDA