

L140000 26329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

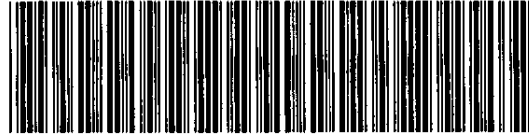
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100277116041

09/17/15--01022--021
09/17/15--01022--022 **30.00

15 SEP 17 AM 8:56
J SHIVERS
SEP 18 2015

TO: Registration Section
Division of Corporations

TO: Registration Section
Division of Corporations

SUBJECT: ENVIOS DAI LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Carla Di Clemente, Registered Agent
Name of Person

Firm/Company

2365 NW 70TH AVENUE UNIT C-9
Address

Miami, Florida 33122

City/State and Zip Code

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

Information concerning this matter, please call:

Name of Person _____ at (352) 8709083
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Register Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
32314 Tallahassee, Florida 32301

MAILING ADDRESS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

