

L14000047352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

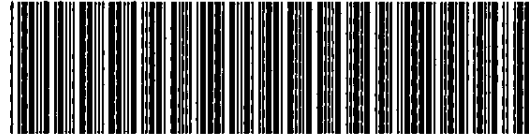
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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FILED
14 MAR 19 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DAZO, L.L.C.**

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:

LUIS C ROSSI

Name of Person

DAZO, L.L.C.

Firm/Company

501 NE 20TH STREET

Address

BOCA RATON, FL 33431

City/State and Zip Code

luisrossi2000@yahoo.com

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

For further information concerning this matter, please call:

LUIS C ROSSI

Name of Person

561

Area Code

542-2424

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

DAZO, L.L.C.
501 NE 20TH STREET
BOCA RATON, FL 33431
561-542-2424

March 12th, 2014

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
PO BOX 6327
TALLAHASSEE, FL 32314

Fax# 1-850-245-6804

Ref: Filing fee and Articles of Organization for new Limited Liability Company DAZO, L.L.C.

Dear Department of State,

I own the Limited Liability Company name DAZO, L.L.C. document number L08000086425 that is currently inactive and I know that the name will be available on September of this year; I will be NOT reinstating the name and would like to request that it becomes available so you can process the attached Articles of Organization under the same name.

If you have any questions do not hesitate to call me at the number above.

Cordially,



Luis C. Rossi
Authorized Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAZO, L.L.C.

(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:

501 NE 20TH STREET

BOCA RATON, FL 33431

SAME

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:

NEXT DAY TAX, INC

Name

2457 EAST COMMERCIAL BLVD

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

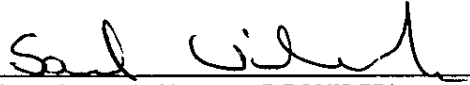
FORT LAUDERDALE

FL 33308

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 MAR 19 AM 10:24
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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:

LUIS C ROSSI

501 NE 20TH STREET

BOCA RATON, FL 33431

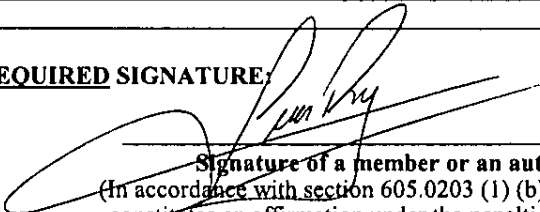
(Use attachment if necessary)

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:



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.)

LUIS C. ROSSI

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)