

L14000054959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

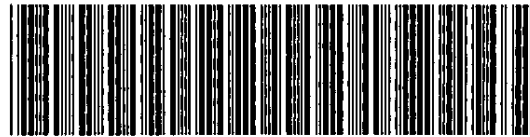
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 3 2014

I CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2014

MARBEL IZQUIERDO
541 SW 178TH WAY
PEMBROKE PINES, FL 33029

SUBJECT: DMS DIRECT, LLC
Ref. Number: W14000013229

We have received your document for DMS DIRECT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 014A00004506

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ALLAN ROSS
FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2014

MARBEL IZQUIERDO
541 SW 187TH WAY
PEMBROKE PINES, FL 33029

SUBJECT: DMS DIRECT, LLC
Ref. Number: W14000013229

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Tammi Cline
Regulatory Specialist II

Letter Number: 014A00004506

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TALLAHASSEE, FLORIDA

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To whom it may concern:

Attached please find the required documentation and payment in order to register DMS Direct as a Limited Liability Company in the State of Florida.

If you have any questions or additional information is required, please feel free to contact me at your earliest convenience. My information is as follows:

Company Name: DMS DIRECT, LLC.

Name: MARBEL IZQUIERDO

Address: 541 SW 178th WAY PEMBROKE PINES, FL 33029

Daytime Tel: (305) 764- 2964

Thank you very much for your help in advance

Sincerely,


Marbel Izquierdo

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **DMS DIRECT, 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:

MARBEL IZQUIERDO

Name of Person

DMS DIRECT, LLC.

Firm/Company

541 SW 178th WAY

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

dms.direct@yahoo.com

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

For further information concerning this matter, please call:

MARBEL IZQUIERDO at **305** **764-2964**

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DMS DIRECT, 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:

541 SW 178th WAY

PEMBROKE PINES, FL 33029

541 SW 178th WAY

PEMBROKE PINES, FL 33029

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:

MARBEL IZQUIERDO

Name

541 SW 178th WAY

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

PEMBROKE PINES

FL 33029

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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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

MARBEL IZQUIERDO

541 SW 178th WAY

PEMBROKE PINES, FL 33029

STEVEN A. SERVER

541 SW 178th WAY

PEMBROKE PINES, FL 33029

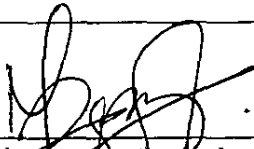
(Use attachment if necessary)

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.)

Marbel Izquierdo

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)

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