L14000076746

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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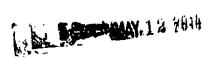


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W3-183

SECRETARY OF STATE



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
,	DANIEL P. DUGAN Name of Person
	DFD ENTERPRISES OF BOCA RATUN, LLC
	1000 NW 6TH TERRACE
	BUCA RATON FLORIDA 334PG City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
DA	Name of Person at (719) 850 JO 95 Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
3 \$125.0	O Filing Fee Sectificate of Status Certified Copy (additional copy is enclosed) S130.00 Filing Fee Sectified Copy (additional copy is enclosed) 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



December 17, 2013

· 11 ·

DANIEL F DUGAN 1000 NW 6TH TER BOCA RATON, FL 33486

SUBJECT: DFD ENTERPRISES LLC

Ref. Number: W13000068753

We have received your document for DFD ENTERPRISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

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.

Tim Burch

Regulatory Specialist II

Letter Number: 913A00028614



April 10, 2014

DANIEL F DUGAN 1000 NW 6TH TER BOCA RATON, FL 33486

SUBJECT: DFD ENTERPRISES OF BOCA RATON, INC.

Ref. Number: W13000068753

We have received your document for DFD ENTERPRISES OF BOCA RATON, INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Tim Burch Regulatory Specialist II

Letter Number: 914A00004002

www.sunbiz.org

Note that the second of the se



February 21, 2014

DANIEL F DUGAN 1000 NW 6TH TER BOCA RATON, FL 33486

SUBJECT: DFD ENTERPRISES OF BOCA RATON, INC.

Ref. Number: W13000068753

We have received your document for DFD ENTERPRISES OF BOCA RATON, INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Tim Burch Regulatory Specialist II

Letter Number: 914A00004002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
DF DENTIRPRISES OF BUCA RATON, 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:
1000 NW 6TH TERRACE 1000 NW 6TH TERRACE BOCA RATION FLA 33486
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:
Name Name No. P. D. GAN Name 1000 N. W. 67th TRULACE Florida street address (P.O. Box NOT acceptable) City 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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	DANIEL F DU CAN WAY GTH TRRIBLE BUCH RATON, ELLE 3346
	TALLU #
	CRETIAN LAHASS
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be sp	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
RTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days a
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be spe date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be spe date of filing.)	ecific and cannot be more than five business days prior to or 90 days

(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.)

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)