

04/09/2032 05:05
2/23/2014

DIVISION OF CORPORATIONS

5402 P. 1/003

L14000086561

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

Effective Date

5/27/14

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : T20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

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Email Address: _____

RECEIVED

14 MAY 29 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
DAVIS GROUP INTERNATIONAL, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 29 AM 7:42

FILED

MAY 30 2013

T. HAMPTON

H14000125249

Effective Date

5/27/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVIS GROUP INTERNATIONAL, 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:10023 WINDING LAKE ROAD #204
SUNRISE, FL 33351-5829

SAME AS PRINCIPAL OFFICE ADDRESS

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:

PATRICIA S. DAVIS

Name

10023 WINDING LAKE ROAD # 204

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

SUNRISE

City

FL 33351-5829

Zip

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TALLAHASSEE, FLORIDA

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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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

AMBR

AMBR

Name and Address:

PATRICIA S. DAVIS

10023 WINDING LAKE ROAD # 204

SUNRISE, FL 33351-5829

CARLOS A. DAVIS

10023 WINDING LAKE ROAD # 204

SUNRISE, FL 33351-5829

ALLYSON I. DAVIS

10023 WINDING LAKE ROAD # 204

SUNRISE, FL 33351-5829

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 27, 2014 (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.)

PATRICIA S. DAVIS

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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