

L14000114593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

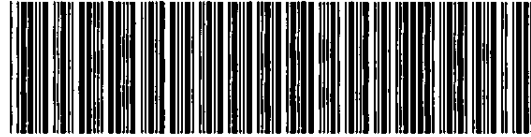
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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kor



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2014

EAST WASHINGTON ACCOUNTING SERVICES, INC  
PO BOX 1006  
PIERSON, FL 32180

SUBJECT: DC TECH SOLUTIONS, LLC  
Ref. Number: W14000043198

We have received your document for DC TECH SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 914A00015097

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** DC Tech Solutions, LLC

Enclosed are an original and one(1) copy of the Articles of Organization and a check for \$125.00 to cover the filing fee and registered agent fee.

**FROM:** East Washington Accounting Services, Inc.  
P. O. Box 1006  
Pierson, FL 32180  
(386) 749-9010

**ARTICLES OF ORGANIZATION  
OF  
DC TECH SOLUTIONS, LLC**

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

**DC TECH SOLUTIONS, LLC**

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

MAILING ADDRESS:  
574 Gainesboro Street  
Deltona, FL 32725

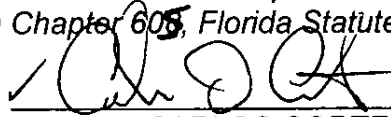
STREET ADDRESS:  
574 Gainesboro Street  
Deltona, FL 32725

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

Carlos Cortes  
574 Gainesboro Street  
Deltona, FL 32725

*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, Florida Statutes.*

  
\_\_\_\_\_  
CARLOS CORTES

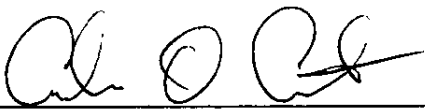
#### ARTICLE IV: MANAGER OR MANAGING MEMBER

The names and addresses of each Managing Member and Member are as follows:

MGRM	Carlos Cortes	50%
	574 Gainsboro Street	
	Deltona, FL 32725	

MGRM	Stephen C Davis	50%
	517 Swan Range Road	
	Orange City, FL 32763	

#### REQUIRED SIGNATURE:

✓   
\_\_\_\_\_  
Carlos Cortes

✓ 6/27/14  
\_\_\_\_\_  
DATE

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.)

Carlos Cortes  
Name of signee

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