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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DOUGLAS SUBS, LLC Name of Lin	ited Liability Company
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma	
ISIDRO ALMIRALL	Name of Person
	Firm/Company
9953 S.W. 125TH TERRACE	Address
MIAMI, FL. 33176	ity/State and Zip Code
IALMIRALL@AOL.COM E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	se call:
KRIS DOUGHERTY at (3 Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S125.00 Filing Fee Status S125.00 Filing Fee Status	T\$155.00 Filing Fee & Status & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIED LIABILITY COMPANY

THE COLOR OF CHARLES THE COLOR OF COLOR	ASSESSED AND CONTRACTOR OF THE PROPERTY OF THE
ARTICLE I - Name: The name of the Limited Liability Company is:	
DOUGLAS SUBS, LLC (Must end with the words "Limited I.	iability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9953 S.W. 125TH TERRACE MIAMI, FL. 33176	2717 S.W. 37TH AVENUE MIAMI, FL. 33133
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
ISIDRO ALMIRALL	
Name	
9953 S.W. 125TH STREET Florida street address (P.O. Box I	NOT acceptable)
MIAMI	FL 33176
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance actions of my position as registered agent as provided for in 605, F.S
Registerer Agent's Signatu	re (REQUIRED)
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Page 1 of 2	Service of the servic
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**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 penaltics of perjury that the facts stated herein are free. I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.) ISIDRO ALMIRALL MEMBER Typed or printed name of signee	Signature of a member or an authorized representative of a member. (In accordance with section 605,0203 (1) (b), Florida Statues, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States constitutes at hird degree felony as provided for in s.817.155, F.S.) ISIDRO ALMIRALL, MEMBER Typed or printed name of signee Fiting Fees: 125.00 Fiting Fee for Articles of Organization and Designation of Registered Agent 3 0.00 Certified Copy (Optional)	<u>Title:</u>	Name and Address:
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ARTICLE IV-