

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : A.A.ALI, CPA Account Number : I20000000192 Phone : (407)298-3900 Fax Number : (407)298-0660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	:			

FLORIDA LIMITED LIABILITY CO. DAINTREE INDIANA 1392, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help B. BOSTICK

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ARTICLIS OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

DAINTREE INDIANA 1392, LLC		
	ilted Linbility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address	•	•
The mailing address and street address of the princip	oal office of the Limited Liability Company is:	
Principal Office Address:	Malling Address:	
1302 INDIANA AVE	1392 INDIANA AVE.	
		De la Maria
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its snother business onthy with an active Florida regist The name and the Florida street address of the regis	fice, & Registered Agent's Signature: own Registered Agent. You must designate an ind ration.) fered agent are:	NOT 25 A
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its snother business onthy with an active Florida regist The name and the Florida street address of the regist DANIELA ANDREIA BEN	fice, & Registered Agent's Signature: own Registered Agent. You must designate an ind ration.) fered agent are:	NOT 25 A 8:
DANIELA ANDREIA BEN 1392 INDIANA AVE	fice, & Registered Agent's Signature: own Registered Agent. You must designate an ind ration.) tered agent are: ITO Rame En	NOT 25 A 8: (
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as lis smother business onthy with an active Florida regist. The name and the Florida street address of the regist. DANIELA ANDREIA BEN	fice, & Registered Agent's Signature: own Registered Agent. You must designate an ind ration.) tered agent are: ITO Rame En	NOT 25 A 8:

copacity. Lyurnar agree to comply with the provisions of an stantag retaing to the proper and complaine parformance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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November 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A.A.ALI, CPA

SUBJECT: DAINTREE INDIANA 1392, LLC

REF: W14000069393

SEARETARY OF STATE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H14000267200 Letter Number: 814A00024420

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P.O BOX 6327 - Tallahassee, Florida 32314