Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383 Effective Date

From:

Account Name

Account Number : I20000000019

Phone

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: LAZARUS CORPORATE FILING SERVICE, INC.

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

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Email	Address:_		

FLORIDA LIMITED LIABILITY CO. DAL BUSINESS SYSTEMS, LLC.

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

DEC1 8 2014

ARTICLES OF ORGANIZATION FOR

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, LLC.," or "LLC.")
DAL BUSINESS SYSTEMS, LLC.
ARTICLE II - Address: EFFECTIVE DATE: 01/01/15
The mailing address and street address of the principal office of the Limited Liability
Company is: 8868 NW 161 STREET
MIAMI FL 33018
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
DANILO A. LEIVA
8688 NW 181 STREET
MIAMI FL 33018
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:
DANILO A LEIVA (MGRM)
SECSEC AFE
THO 3
FLOR 7: 2

Required Signatures:

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.

DANILO A. LEIVA
Typed or printed name of signee

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)

14 DEC-5 AM 7: 20
SECRETARY OF STATEA

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