

L14000189160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

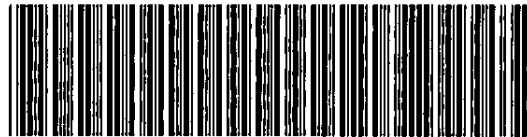
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2544 W14-66389

Office Use Only



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10/30/14--01004--011 \*\*160.00

FILED  
13 OCT 30 7 2 47  
SECURITY  
FALLS CHURCH, VA

EFFECTIVE DATE  
11/11

DEC 11 2014  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2014

DOROTHY L CRYSTAL  
21308 PLACIDA TERRACE  
BOCA RATON, FL 33433

SUBJECT: D.L.C. LLC  
Ref. Number: W14000066389

We have received your document for D.L.C. LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 714A00023387

FILED  
13 OCT 23 10 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

21308  
D.L.C. LLC.  
SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MRS. DOROTHY L. CRYSTAL  
\_\_\_\_\_  
Name of Person

D.L.C. LLC  
\_\_\_\_\_  
Firm/Company

21308 PLACIDA TERRACE  
\_\_\_\_\_  
Address

BOCA RATON FLORIDA 33433  
\_\_\_\_\_  
City/State and Zip Code

DOROTHY CRYSTAL @ G.MAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOROTHY CRYSTAL at ( 561 ) 488-4618  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
CORPORATION  
DIVISION  
JAN 20 2004  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

21308 ~~D.L.C.~~ 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:

21308 PLACIDA TERRACE  
BOCA RATON FL. 33433

21308 PLACIDA TERRACE  
BOCA RATON FL 33433

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:

Bruce Stein

Name

21308 PLACIDA TERRACE

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

BOCA RATON FL 33433

City

Zip

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.

MGR.

**Name and Address:**

DOROTHY L. CRYSTAL  
21308 PLACIDA TERRACE  
BOCA RATON FL 33433

Bruce Stein  
21308 PLACIDA TERRACE  
BOCA RATON FL 33433

(Use attachment if necessary)

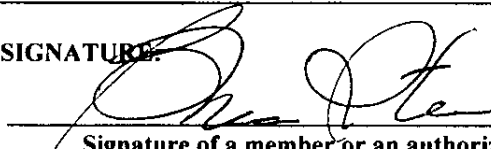
**ARTICLE V:** Effective date, if other than the date of filing: NOV 1, 2014 (OPTIONAL)

(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.

N/A

**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.)

Bruce Stein

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)

13 OCT 20 11 24  
TALLAHASSEE  
SECRETARY OF STATE