

L15 000005887

(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:

Office Use Only



600267700286

12/30/14--01031--005 **160.00

FILED
14 DEC 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stearns JAN 13 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DYTRON CONSULTING, LLC
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:

ANA MARIA BERRIOS OYOLA
Name of Person

DYTRON CONSULTING, LLC
Firm/Company

PO BOX 221451
Address

WEST PALM BEACH, FL 33422
City/State and Zip Code

ABERRIOS@DYTRONCONSULTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA MARIA BERRIOS OYOLA at (561) 267-6376
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DYTRON CONSULTING, 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:

5093 WILLOW POND ROAD WEST
WEST PALM BEACH, FL 33417

PO BOX 221451
WEST PALM BEACH, FL 33422

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:

ANA MARIA BERRIOS OYOLA
Name

5093 WILLOW POND ROAD WEST
Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH FL 33417
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.

Ana Maria Berrios Oyola

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
14 DEC 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ANA MARIA BERRIOS OYOLA

PO BOX 221451

WEST PALM BEACH, FL 33422

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2015 (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.

REQUIRED SIGNATURE:

Ana Maria Berrios Oyola

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.)

ANA MARIA BERRIOS OYOLA

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)

FILED
14 DEC 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA