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(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Tukkahlama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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'APR 16 2015 N. CAUSSEAUX

COVER LETTER

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Registration Section

TO:

Division of Corporations		
SUBJECT: <u>DAELO DESIGN + ARCHITECTU</u>	JRE LLC	
	nited Liability Company	
The enclosed Articles of Organization and fee(s) and	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
CHRISTINA ANN DAELO		
	Name of Person	
DAELO DESIGN + ARCHITECTUR) C	
DALLO DEGIGIA + ANGITALETON	Firm/Company	
673 GRACKLE DRIVE		
	Address	
CASSELBERRY, FL 32707	in 1944 and 7:- 0-4-	
	ity/State and Zip Code	
CHRISTINA.DAELO@GMAIL.COM E-mail address: (to be used	for future annual report notifica	tion)
		,
For further information concerning this matter, plea	ise call;	
CUDIOTINA ANNI DAGI O		
CHRISTINA ANN DAELO at (4 Name of Person		ephone Number
	,,	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□\$155.00 Filing Fee &	☑\$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		(additional copy is cholosed)
Mailing Address	Street/Courier Adda	*****
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporat	ions
Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	SSEE P
DAELO DESIGN + ARCHITECTURE, 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 of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
673 GRACKLE DRIVE CASSELBERRY, FL 32707	673 GRACKLE DRIVE CASSELBERRY, FL 32707
another business entity with an active Florida registration	n Registered Agent. You must designate an individual or on.)
The name and the Florida street address of the registered CHRISTINA ANN DAELO	·
_	·
CHRISTINA ANN DAELO	e
CHRISTINA ANN DAELO Name 673 GRACKLE DRIVE	e
CHRISTINA ANN DAELO Name 673 GRACKLE DRIVE Florida street address (P.O. Bo	e × <u>NOT</u> acceptable)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	CHRISTINA ANN DAELO
	673 GRACKLE DRIVE
	CASSELBERRY, FL 32707
AMBR	RENWICK OLIVAREZ DAELO
	673 GRACKLE DRIVE
	CASSELBERRY, FL 32707
Use attachment if necessary)	
ective date is listed, the date must be sp	e of filing: MARCH 20, 2015 (OPTIONAL) pecific and cannot be more than five business days prior to or to
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or seember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. 105.0203 the penalties of perjury that the facts stated herein are true. 105.0203 the penalties of perjury that the facts stated herein are true. 106.0203 the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	pecific and cannot be more than five business days prior to or sember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. In a document to the Department of State only as provided for in s.817.155, F.S.)
ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or sember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. In a document to the Department of State only as provided for in s.817.155, F.S.)
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Cive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic of a magnet	nember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b), Florida Statutes, the Department of State only as provided for in s.817.155, F.S.) 108.00

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