

L150000071437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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15 APR 14 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 9, 2015

Florida Department of State
Division of Corporations
Registration Section

I, Maria R. Garcia, would like to file for Articles of Organization for a Florida Limited Liability Company, under the name of, DME GROUP, LLC. The business address will be located at the following:
11178 Wyndham Way Port St. Lucie, FL 34987.

The current contact (via mail) information where I can be reached concerning this:
Address: 157-20 83rd St Howard Beach, NY 11414
Phone: (718) 835-7880

Thank You,

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OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DME GROUP, 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:

MARIA R GARCIA
Name of Person

Firm/Company

157-20 83RD ST
Address

HOWARD BEACH, NY 11414
City/State and Zip Code

15720MG@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE HARTLEY at (561) 702-4446
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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DME GROUP, 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:

11178 WYNDHAM WAY
PORT ST LUCIE, FL 34987

Mailing Address:

157-20 83RD ST
HOWARD BEACH, NY 11414

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:

GEORGE HARTLEY

Name

11178 WYNDHAM WAY

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

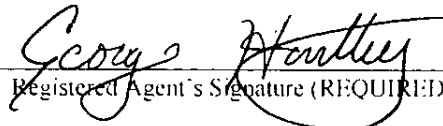
PORT ST LUCIE

FL 34987

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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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

Name and Address:

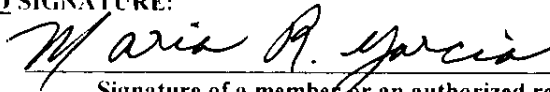
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, _____. (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:



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.)

MARIA R GARCIA

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)

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA