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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL -6 AM 11:49

7-7-15 a

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

DAFSTAG MARKETING INC

**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:

FIONA MORRELL

\_\_\_\_\_  
Name of Person

DAFSTAG MARKETING

\_\_\_\_\_  
Firm/Company

679 NW 170th TERRACE

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33028

\_\_\_\_\_  
City/State and Zip Code

fiona31den@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FIONA MORRELL	954	534-2975
_____	at (_____)	_____
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 checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing 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:

DAFSTAG MARKETING 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:679 NW 170TH TERRACE  
PEMBROKE PINES, FL 33028Mailing Address:679 NW 170TH TERRACE  
PEMBROKE PINES, FL 33028

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

STEVE HIGGINS

Name

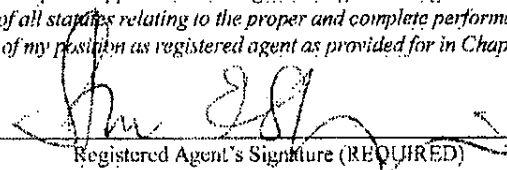
2639 OAK PARK CIRCLEFlorida street address (P.O. Box **NOT** acceptable)DAVIE, FL 33028

City

State

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

**Name and Address:**

FIONA MORRELL, 679 NW 170TH TERRACE, Pembroke Pines, FL 33024  
STEVE HIGGINS 2639 OAK PK CIR., DAVIE, FL 33328  
DWAYNE MORRELL 1312 HARRISON ST. #3, Hollywood, FL 33020

AMBR

ANDRE MORRELL, 232 CITY VIEW DRIVE, FT. Lauderdale FL 33311  
GARTH MORRELL, 8950 NW 21 CT., Pembroke Pines, FL 33024  
TROY MORRELL, 679 NW 170TH TERRACE, Pembroke Pines, FL 33028

AMBR

GIFFORD MORRELL, 8950 NW 21 CT., Pembroke Pines, FL 33024

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUL -6 AM 11:49



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2015

FIONA MORRELL  
679 NW 170TH TERRACE  
PEMBROKE PINES, FL 33028

SUBJECT: DAFSTAG MARKETING LLC  
Ref. Number: W15000044749

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL -6 AM 11:49

We have received your document for DAFSTAG MARKETING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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) 245-6052.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 115A00013781