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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 75415 Davisha Bess Advised to correct The Name of Corp!

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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
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:
Dayisha Biss Name of Person
Me ARE DUF Family LLC.
12254 Sw 217th St
City/State and Zip Code (DCSS
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\frac{130.00 Filing Fee & Certificate of Status}{Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

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

Street 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:	
IND THE DAE FAMILY 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: Mailing Address: Milling Address:	
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:	
Davisha Bass	
Florida street address (P.O. Box NOT acceptable)	PM 12: 4
Notice address (F.O. Box NOT acceptable)	
\underline{Mum} $\underline{F10}$ 33032	1
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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager 	Janice Fair
	20424 SW 85 ave MI a n : FI 33189
MGR	Davisha Bess
·	12254545174 St.
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: 11/4 15, 2015 (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block do	est be specific and cannot be more than five business days prior to or 90 days a coes not meet the applicable statutory filing requirements, this date will not be listed
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ARTICLE IV-