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(Cit	ty/State/Zip/Phone#	·)
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(Bu	siness Entity Name)
(Do	cument Number)	
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15 JUL 28 PH 12: 58

SECRETARY OF STATE
JIVISION OF CORPORATION

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15 JUL 28 AM ID: 53
PARTICION DE CONTROLUTIONS

JUL 2 8 2015 T SCHROEDEP

CORPORATE

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WALK IN

		PICK U	P: 7	/27 Glinda			
		CERTIFIED COPY				 	
	ж	РНОТОСОРУ				 	.
		CUS				 	
	хх	FILING	LLC			 . ,	
1.		DMLS Services LLC					
		(CORPORATE NAME AND DOCUMEN	T #)				
2.							
		(CORPORATE NAME AND DOCUMEN	T #)	***			
3.							
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ori	CLIA	T INSTRUCTIONS:		, , , , , , , , , , , , , , , , , , ,		 	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	DMLS Services LLC		·
SODJE		Limited Liabili	ty Company
The enc	losed Articles of Organization and fee(s)) are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the f	bllowing:
	James L. Weintraub		•
		Name of	Person
	James L. Weintraub, P.A.		
		Firm/Co	mpany
	470 Hardwood Place	_	
		Addr	ess
	Boca Raton, Florida 33431		
	jim@jlwpa.com	City/State and	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For furthe	r information concerning this matter, ple	ease call:	
	James L. Weintraub	561	452-1233
	Name of Person	\ 	Daytime Telephone Number
Enclose	d is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & \$\) ed Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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

	EI - Name: e of the Limited Liability C	Company is:			
	DMLS Services LLC	h the words "Timite	d Liphilip, Con	pany, "L.L.C.," or "LLC.'	27
A DTTC	E II - Address:	n me words Limite	d Liability Con	party, L.L.C., or LLC.)
		ess of the principal	office of the Lir	nited Liability Company is	3:
	Principal (Office Address:		Mailing A	ıddress:
	141 NW 20th Street, Su			141 NW 20th Street, Suit	
	Boca Raton, Florida 33	3431	"	Boca Raton, Florida 334	131
The name	and the Florida street add	ress of the registered	d agent are:		_
	4	170 Mardward Diag		•	
		70 Hardwood Place Florida street addres		OT acceptable)	_
	<u>_ </u>	Boca Raton	Florida	33431	_
		City	State	Zip	
olace desig urther agre	nated in this cert ficate, I he we to comply with the provis	erety accept the app sions (fall statutes re utions (fn.y position	ointment as reg elating to the pr as registered ag	r the above stated limited listered agent and agree to a cper and complete performent as provided for in Chaptana (REQUIRED)	act in this capacity. I nance of my duties, and I

(CONTINUED)

Page 1 of 2

15 JUL 28 PH ID: 50

Title:	Name and Address:
"AMBR" = Authorized N	
"MGR" = Manager	
AMBR	Lee S. Stein
	141 NW 20th Street, Suite F-7
	Boca Raton, Florida 33431
AMBR	David B. Mahler
	141 NW 20th Street, Suite F-7
	Boca Raton, Florida 33431
wt 1	
(Use attachment if necess	ary)
	er than the date of filing: (OPTIONAL)
LE V: Effective date, if oth	er than the date of filing: (Or TONAL)
effective date is listed, the d	ate must be specific and cannot be more than five business days prior to or 90 days
effective date is listed, the d	ate must be specific and cannot be more than five business days prior to or 90 days a
effective date is listed, the d e of filing.) If the date inserted in this b	ate must be specific and cannot be more than five business days prior to or 90 days a lock does not meet the applicable statutory filing requirements, this date will not be lis
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effective date is listed, the date of filing.) If the date inserted in this becoment's effective date on the	ate must be specific and cannot be more than five business days prior to or 90 days a lock does not meet the applicable statutory filing requirements, this date will not be list ne Department of State's records. any.

ARTICLE IV-

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I his document is executed in accordance with section 603,0203 (1) (6), Fiorital Statutes. 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.

Lee S. Stein

Typed or printed name of signce

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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