

L15000175125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

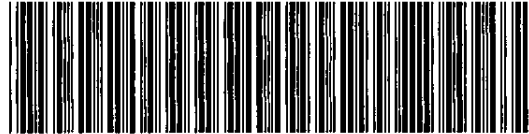
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/09/15--01001--007 \*\*130.00

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
15 OCT -9 PM 12: 22

10/15

CA

Daniel Wieselberg  
105 Devon Court  
Longwood, FL 32779  
myprop247@yahoo.com  
10-3-15

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

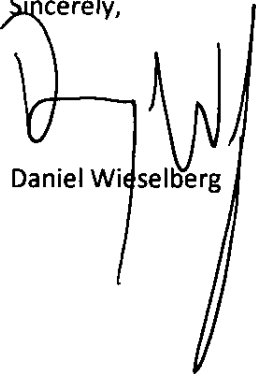
Dear Florida Department of State

As requested, below you will find my name, address and daytime telephone number.

Daniel Wieselberg  
105 Devon Court  
Longwood, FL 32779  
407.733.5720

Thank you again for your services and I look forward to receiving my certificate of status. Have a great day.

Sincerely,

A handwritten signature in black ink, appearing to be 'DW' followed by a stylized flourish.

Daniel Wieselberg

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dine Art Studios 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:

Daniel Wieselberg

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

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

105 Devon Court

\_\_\_\_\_  
Address

Longwood, FL 32799

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

myprop247@yahoo.com

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

For further information concerning this matter, please call:

Daniel Wieselberg

407

733-5720

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional 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

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Daniel Wieselberg

105 Devon Court

Longwood, FL 32779

AMBR

Brandon Cobian

1022 Twisted Branch Lane

Saint Cloud, FL 34771

15 OCT -9 PM 12: 22

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.

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

Daniel Wieselberg

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)