

L15000193266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

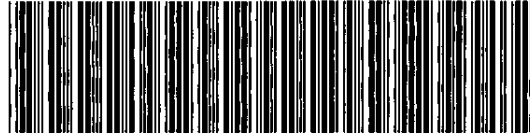
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000278410480

10/26/15--01042--020 \*\*160.00

FILED  
15 NOV 12 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/18/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Carmi Holdings - FL 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:

Oded Carmi

Name of Person

DN Van Lines Inc.

Firm/Company

269 Mechanic Street

Address

Marlborough, MA 01752

City/State and Zip Code

odedcarmi@gmail.com

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

For further information concerning this matter, please call:

Alan Lury                      781                      341-3929  
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

FILED  
15 NOV 12 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2015

ODED CARMI  
269 MECHANIC STREET  
MARLBOROUGH, MA 01752

SUBJECT: CARMI HOLDINGS-FL LLC  
Ref. Number: W15000072199

RECEIVED  
15 NOV 12 PM 12:23  
TALLAHASSEE, FLORIDA

We have received your document for CARMI HOLDINGS-FL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the registered agents complete street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00023144

FILED  
15 NOV 12 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Carmi Holdings - FL LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED

15 NOV 12 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

DN Van Lines

6852 Parkway Drive South

Jacksonville, FL 32256

**Mailing Address:**

DN Van Lines

269 Mechanic Street

Marlborough, MA 01752

**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:

Charles Duffy

Name

10330 Chedoke Court Unit # 405

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

Jacksonville

Florida

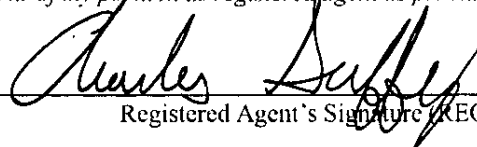
32218

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)

**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:**

Oded Carmi

269 Mechanic Street

Marlborough, MA 01752

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

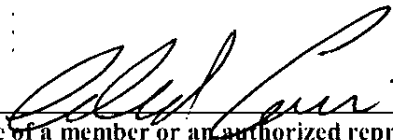
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Purpose of entity is to manage assets of the entity as directed by the AMBR

**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.

Oded Carmi

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)

FILED  
15 NOV 12 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA