

L160000034126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

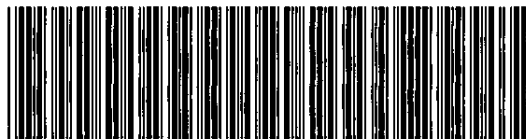
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

To: **Registration Section
Division of Corporations**

SUBJECT: **DCFB, LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing:

Please return all correspondence concerning this matter to the following:

Steven D. Losner, Esquire:
Steven D. Losner, PA
59 N.E. 15 Street
Homestead, Florida 33030
e-mail: wellerandlosner@aol.com
Phone: 305-247-2522

Enclosed is a check for the following Amount:

<input type="checkbox"/> \$125.00 filing Fee	<input checked="" type="checkbox"/> \$130.00 filing fee and Certificate of Status	<input type="checkbox"/> \$155 Filing Fee and certified copy	<input type="checkbox"/> \$160.00 Filing Fee Certificate of Status & Certified copy
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Mailing address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **DCFB, LLC**

ARTICLE II - Address

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

Principal Office Address:

**1850 Old Dixie Highway
Homestead, Florida 33030.**

Mailing Address:

**1850 Old Dixie Highway
Homestead, Florida 33030**

ARTICLE III - Registered Agent, Registered Office & Registered Agents 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 of the Florida street address of the registered agent are:

STEVEN D. LOSNER

Name

59 NE 15 Street

Florida Street Address (P.O. Box **NOT** acceptable)

HOMESTEAD, FLORIDA 33030

City, State, and 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 Agents Signature (Required)

ARTICLE IV –

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

Title

Name and Address

"AMBR" - Authorized Member
"MGR" - Manager

MGR

Harold R. Arve, Jr.
c/o 1850 Old Dixie Highway
Homestead, Florida 33030

MGR

Robert C. Bishop
19340 SW 280 Street
Homestead, Florida 33031

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STATE OF FLORIDA
DEPARTMENT OF STATE
RECEIVED

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).

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 §817.155.).

STEVEN D. LOSNER, Authorized Representative

Typed or printed name of signer