## 116000116722

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:	D1 / Dewaw,	LLC	
	Name of Limit	ted Liability Company	
The enclose	d Articles of Organization and fee(s) are s	submitted for filing.	
Please retur	n all correspondence concerning this matte	er to the following:	
	Mohammed	DheyAA gasin	
•		Name of Person	
	D1/1	Dewav, CLC Firm/Company	
•		Firm/Company	
	5291 1	Address	
•			
	PINELLAS	PARK, FL 33708	
•	City	y/State and Zip Code	
-	MOLAMME	d JASIN 20 6 MALOU. COM	
	E-mail address: (to be used fo		; <u>₽</u> 8
For further in	formation concerning this matter, please c	call:    Tax 7	
Mol	samed gasin at (	727 a Code Daytime Telephone Number	
	Name of Person Area		
Enclosed is	a check for the following amount:	2: 34	
	ing Fee \$130.00 Filing Fee & Certificate of Status		5-
	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

The name of the Limited Liability Company is:	
D1/ Dewar, 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:	

Mailing 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:

Mohan	ened	Dh	CYAR	gas	SIM
	Nan	ne			
5291	110 th	AVE	nue,	Urit	206
Florida street add	dress (P.O	. Box I	NOT acce	ptable)	
PINELLAS	PAr	K,	FL	337	108
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

SECRICIARY OF SIATE ORIDA

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Muhammed Dheyan gasin
	Muhammed Bheyar Jasin 5291 110th Avenue, Unit 20 Privellas Park, Fl 33708
	POWELLAS PACK, FL 33708
(Use attachment if necessary)	
f filing.) the date inserted in this block doe	the date of filing: (OPTIONAL)  the specific and cannot be more than five business days prior to or 90 days  s not meet the applicable statutory filing requirements, this date will not be the threat of State's records.
of filing.) the date inserted in this block doe nent's effective date on the Depar EVI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be timent of State's records.
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