## L 16000117804

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	Registratio Division of	n Section Corporations		
CUD IEC		Construction, LLC		
SUBJEC		Name of L	ímited Liability Company	
The encl	osed Article	s of Organization and fee(s) a	are submitted for filing.	
Please re	turn all corr	espondence concerning this n	natter to the following:	
	Da	niel Streichsbier		
			Name of Person	
	DS	Construction, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
	55	Richmond Dr		
			Address	
	Pa	alm Coast, FL 32164		
	ds	chodov@gmail.com	City/State and Zip Code	
		E-mail address: (to be use	d for future annual report notificat	ion)
For further	r informatio	n concerning this matter, plea	se call:	
	Danie	elat (	386 315-1617	
	1	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed	is a check f	or the following amount:		
\$125.00	Filing Fee	\$130.00 Fiting Fee & Certificate of Status	X \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>M</u> :	niling Address	Street Address	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2016

DANIEL STREICHSBIER 55 RICHMOND DRIVE PALM COAST, FL 32164

SUBJECT: DS CONSTRUCTION, LLC

Ref. Number: W16000042843

We have received your document for DS CONSTRUCTION, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 516A000123945

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	ility Company is:				-				
-DS-Constru	etion, LLC	Ds	Constru	chion	H	Drne.	Impo	vennent	LLC
(Must er	nd with the words "	Limited L	iability Compa	my, "L.L.C	.," or "L	LC.")			•
ARTICLE II - Address: The mailing address and stree	t address of the pri	ncipal offi	ce of the Limit	ed Liabilit	y Compa	ny is:			
<u>Princ</u>	ipal Office Addre	<u>:ss</u> :			<u>Mailir</u>	ng Add	ress:		
55 Richmond	d Dr		•	55 Rich	mond [	OR .			
Palm Coast,	FL 32164			Palm Co	oast, F	L 321	64		
The name and the Florida stre	Daniel S	Streichs	bier <sub>Name</sub>					16 JUN	(271 a 117 a 1 167 a 1 188 a 1 198 a 1
	55 Rich	nmond (	Or				,	22 25 25 25	N. S.
	Florida stree	t address (	P.O. Box NO	- •					
	Palm Coa	st	Fl	_ 32	164			က်က် တ	
	Cit	у	State		Zip			STATE FLORID	3
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	ite, I hereby accept provisions of all st	the appoin atutes rela position as	ntment as regis uting to the proj	tered agent oer and con nt as provid	and agre nplete pei ded for in	ee to act rforman Chapte	in this cap ace of my d	any at the pacity. I uties, and I	
		(	(CONTINUE)	<b>)</b> )					

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Daniel Streichsbier
	55 Richmond Dr Palm Coast, FL 32164
AMBR	Deborah Streichsbier 55 Richmond Dr Palm Coast, FL 32164
	Callin Ovade I E DE IOT
(Use attachment if necessary) EV: Effective date, if other than the d	ate of filing:
EV: Effective date, if other than the dective date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the decrive date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.
E V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exert am aware that any filling is the control of	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.
E V: Effective date, if other than the decrive date is listed, the date must be filing.) the date inserted in this block does not the date inserted at the Department's effective date on the D	ot meet the applicable statutory filing requirements, this date will not ent of State's records.  member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida statutes, alse information submitted in a document to the Department of State.
E V: Effective date, if other than the detrive date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.  Signature of a This document is exert I am aware that any filling constitutes a third department.	member or an authorized representative of a member.  ceuted in accordance with section 605.0203 (1) (b), Florida secuted in accordance with section 605.0203 (1) (b), Florida secuted in accordance with section 605.0203 (1) (b) provided for in s.817.155, F.S.

ARTICLE IV-

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