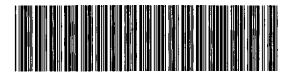
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(Requestor's Name)	<u> </u>	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Statu	ıs	
Special Instructions to Filing Officer:		

Office Use Only

N. SAMS SEP 3 0 2016



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09/14/16--01018--003 **125.00

TALLAHASSEN FLOWS . SECRETARY OF STATE



September 16, 2016

ALEXA ALVAREZ PO BOX 24 OLDSMAR, FL 34677

SUBJECT: D&A PROMOTION LLC Ref. Number: W16000064110

We have received your document for D&A PROMOTION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 816A00019848

SECKLIANT OF SINTE

COVER LETTER

TO:	Registration Section Division of Corporations
CUD IE	D&A PROMOTION LLC
SUBJE	Name of Limited Lichility Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	ALEXA ALVAREZ
	Name of Person
	Firm/Company
	6125 LANSHIRE DR
	Address
	TAMPA, FL 33634
•	City/State and Zip Code
	alexa.alvarez89@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	ALEXA ALVAREZ 786 205-7074 at (
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	O Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
D&A PROMOTION LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the Limited Liebility Company is:
The mailing address and street address of the principal office of	of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
6125 LANSHIRE DR	PO BOX 24
TAMPA, FL 33634	OLDSMAR, FL 34677-0024
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	at are:
ALEXA ALVAREZ	
Mos	•••

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

TAMPA FL 33634

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

2016 SEP 14 FM 2: 51

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	AV PSVA AL VADDO
MGR	ALEXA ALVAREZ 6125 LANSHIRE DR
	TAMPA, FL 33634
	10000000
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing	: .(OPTIONAL)
n effective date is listed, the date must be specific an ate of filing.)	d cannot be more than five business days prior to or 90 days after
	applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of State	's records.
ICLE VI: Other provisions, if any.	

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.

ALEXA ALVAREZ

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)

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