

216 000 199245

(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



500291029155

10/17/16--01039--002 **125.00

FILED STATE
16 OCT 25 PM 1:45

M. MOON
OCT 25 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

DAN DOROMAL
1285 WINTER GARDEN VINELAND RD., STE. 13
WINTER GARDEN, FL 34787

SUBJECT: 2250 ENTPRISES LLC
Ref. Number: W16000071069

16 OCT 25 PM 1:45

FILED STATE
SECRETARY
TALLAHASSEE FLORIDA

We have received your document for 2250 ENTPRISES 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):

It appears that the word "enterprises" in the name is spelled incorrectly. If this was not intentional, please correct the spelling. If it was then resubmit the document with the name as is.

The document must be signed by a member or an authorized representative of a member.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 416A00022438

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2250 Enterprises 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:

Dan Doromal
Name of Person

DMND Enterprises LLC
Firm/Company

1285 Winter Garden Vineland Road
Address

Winter Garden, FL 34787
City/State and Zip Code

dan@frozenyogurtparts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Doromal 407 536-9530
Name of Person at () 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

16 OCT 25 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2250 ENTERPRISES LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1285 WINTER GARDEN VINELAND RD.
STE. 130
WINTER GARDEN, FL 34787

Mailing Address:

1285 WINTER GARDEN VINELAND RD.
STE. 130
WINTER GARDEN, FL 34787

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:

DAN DOROMAL

Name

1285 WINTER GARDEN VINELAND RD. STE. 130

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

<u>WINTER GARDEN</u>	<u>FL</u>	<u>34787</u>
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)

16 OCT 25 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DMND ENTERPRISES LLC
1285 WINTER GARDEN VINELAND RD. STE130
WINTER GARDEN, FL 34787

(Use attachment if necessary)

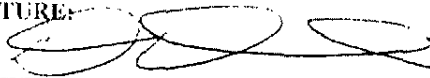
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

DANIEL DORMAL

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 25 PM 1:45