

L17000136584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

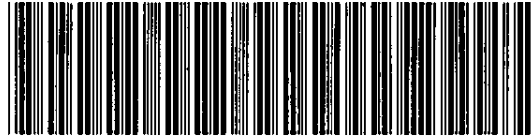
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/26/17--01003--011 **125.00

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DEPARTMENT OF REVENUE
17 JUN 26 AM 10:27
SEC. 111
17 JUN 26 AM 12:08

M. MOON
JUN 26 2017

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

6-26-17

☐ **CERTIFIED COPY**

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LLC

1. Darielle, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

Darielle, Inc.
15746 SW 26th Street
Miramar, Florida 33027

June 26, 2017

Via Hand Delivery

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Darielle, LLC

To Whom it May Concern:

Enclosed please find Articles of Organization for Darielle, LLC (the "LLC"). The sole member of the LLC is also the sole shareholder of Darielle, Inc. (the "Corporation"). The LLC also has Brian Oberlender as its sole manager who is the President and a director of the Corporation. I authorize the Florida Secretary of State to allow the formation of this LLC and to use the name Darielle, LLC.

Please let me know if you need anything else. Thank you.

Sincerely,

Darielle, Inc.

By: 

Brian Oberlender, President

Encl.

17 JUN 26 PM 12:08
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Darielle, LLC

(Must contain 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:

Principal Office Address:

15746 SW 26th Street
Miramar, FL 33027

Mailing Address:

15746 SW 26th Street
Miramar, FL 33027

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:

Brian Oberlender

Name

15746 SW 26th Street

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

Miramar

FL

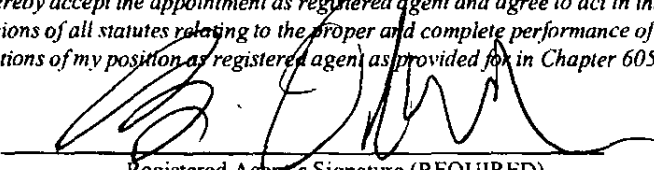
33027

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)

17 JUN 26 AM 12:08

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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:

Brian Oberlander

15746 SW 26th Street

Miramar, FL 33027

17 JUN 26 10:12:08

REC-01
7/1/08
305

(Use attachment if necessary)

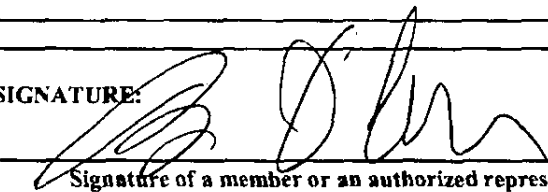
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Brian Oberlander BRIAN Oberlander

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)