

**07000172417**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

**2nd Request****FLORIDA LIMITED LIABILITY CO.  
DWIT DEVELOPERS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

17 AUG 11 PM 4:58

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

AUG 11 AM 6:07

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DWIT DEVELOPERS 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:

KWAME SMITH

Name of Person

DWIT DEVELOPERS LLC

Firm/Company

18520 NW 67TH AVE, STE #163

Address

MIAMI, FL 33015

City/State and Zip Code

kwamesmith@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KWAME SMITH

305

467-8397

Name of Person

Area Code

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DWIT DEVELOPERS 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:

Mailing Address:

18520 NW 67TH AVE, STE #163  
MIAMI, FL 33015

SAME

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:

KWAME SMITH

Name

18520 NW 67TH AVE., STE #163

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

MIAMI

FL

33015

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..

Kwame Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 AUG 11 AM 6:07  
11/17/2017 11:21:04

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

KWAME SMITH

18520 NW 67TH AVE, STE. #163

MIAMI, FL 33015

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

KWAME SMITH

Typed or printed name of signer