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(Re	equestor's Name)	
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	ew Filing Section ivision of Corporations	
SUBJECT	: Dave D Marl	Keting LLC
	Name of Lim	ited Liability Company
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.
Please retur	m all correspondence concerning this ma	iter to the following:
	Dave Dan	iels
	Dave D Ma	arketing LLC
	936 SW 1	it. Avenue
		Address
	Miami Flori daveomK+1 pc E-mail address: (to be used	da 33130
	Ci	ty/State and Zip Code
-	E-mail address: (10 be used	for future annual report notification)
For further in	nformation concerning this matter, please	
Tor further in	tormation concerning this matter, prease	can.
	Dave Daniels an 3	ea Code Daytime Telephone Number
	Name of Person Ar	rea Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ling Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited L	iability (Company	is:				
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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
936 SW 1st. Avenue	936 SW 1st. Avenue
Miami, Florida 33130	Migni, Florida 33130

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:

Dave Daniels			
Name			
936 SW 1st. Avenue			
Florida street addre	ess (P.O. Box <u>XOT</u>	acceptable)	
Miami	FL	33/30	
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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBA	Dave Daniels 936 SW 1st. Avenue Miami, Fl 33130
·	
<i>;</i>	
	
(Use attachment if necessary)	
the date of filing.)	fic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	<u>e</u>
REQUIRED SIGNATURE:	re Danils
This document is executed I am aware that any false in	in accordance with section 605.0203 (1) (b). Florida Statutes. formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.

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

Filing Fees:

DAVE DANIELS
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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