

8/21/2018

2018-08-23 14:14:38 (GMT)

18882140633 From: Yanelle Barinas

LA5000202407

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H18000244656 3)))



H180002446563ABC3

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : 120090000082
Phone : (305)871-0889
Fax Number : (305)870-9623

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
D&G LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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August 22, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES INC.

SUBJECT: D&G LLC
REF: W18000075870

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000092507.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H18000244656
Letter Number: 718A00017335

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DG&RE 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:

YANELLE M BARINAS

Name of Person

BARINAS & ASSOCIATES, INC.

Firm/Company

5701 NW 36 ST

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

BARINASB@GMAIL.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

305

871-0389

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$135.00 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

DG&R 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:4731 CLOCK TOWER DR
UNIT 207
KISSIMMEE FL, 34746Mailing Address:4731 CLOCK TOWER DR
UNIT 207
KISSIMMEE FL, 34746**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

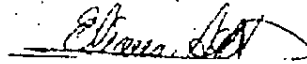
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ELIANA GABRIELA MERCEDES AYO TASAYCO
Name4731 CLOCK TOWER DR UNIT 207Florida street address (P.O. Box **NOT** acceptable)

<u>KISSIMMEE</u>	<u>FL</u>	<u>34746</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.

**FILED**

2018 AUG 23 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FL

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

MGR

Name and Address:

Eliana Gabriela Mercedes Ayo Tasayco

4731 CLOCK TOWER DR UNIT 207

KISSIMMEE FL, 34746

Regulo David Torres Rodriguez

4731 CLOCK TOWER DR UNIT 207

KISSIMMEE FL, 34746

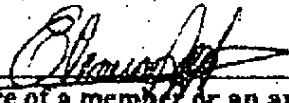
(Use attachment if necessary)

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

Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be current's effective date on the Department of State's records.

FILE 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.

ELIANA GABRIELA MERCEDES AYO TASAYCO

Typed or printed name of signer

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)