8/21/2018 Division of Corporation

L18000244656

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 : BARINAS & ASSOCIATES INC.
Account Number : I20090000082
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.

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FLORIDA LIMITED LIABILITY CO.

D&G LLC

Certificate of Status	1
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Page Count	03
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2018

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.

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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 at (305) 871-0389
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
- ☐ $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

DG&RR 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:**
4731 CLOCK TOWER DR	4731 CLOCK TOWER DR
UNIT 207	UNIT 207
KISSIMMEE FL, 34746	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
Name

4731 CLOCK TOWER DR UNIT 207
Florida street address (P.O. Box **NOT** acceptable)

KISSIMMEE	FL	34746
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.

Eliana. AY

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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	**Name and Address:**
MGR	Eliana Gabriela Mercedes Ayo Tasayco 4731 CLOCK TOWER DR UNIT 207 KISSIMMEE FL, 34746
MGR	Regulo David Torres Rodriguez 4731 CLOCK TOWER DR UNIT 207 KISSIMMEE FL, 34746

(Use attachment if necessary)

ICLE 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 da e of filing.)

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

ICLE 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 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)