Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000228571 3)))

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To:

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

From:

Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954)567-0013
Fax Number : (954)567-3401

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

Email Address: kathy@apiprocessing.com

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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STATE
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SERVICES

FLORIDA LIMITED LIABILITY CO.

D.A.C.P. Group, LLC

Certificate of Status	0
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J. FASON

JUL 27 2020

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July 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APT PROCESSING

,

SUBJECT: D.A.C.P. GROUP, LLC
REF: W20000078511

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.

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging.

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

Matthew T Moon
Regulatory Specialist II Supervisor
New Filing Section

FAX Aud. #: H20000228571
Letter Number: 520A00013900

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

D.A.C.P. Group, 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:**
15095 Old Spanish Trail	15095 Old Spanish Trail
paradis, LA 70080	Paradis, LA 70080

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:

Thomas Mangan
Name

1052 Candler Road
Florida street address (P.O. Box **NOT** acceptable)

Clearwater	FL	33765
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)

FILED
2020 JUL 24 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title:	Name and Address:
"AMBR" Authorized Member "MGR" = Manager	
MGR	Danny Cruz 15095 Old Spanish Trail Paradis, LA 70080

(Use attachment if necessary)

2020 JUL 24 PM 1:16

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.

Danny Cruz
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)

H20000028571 3

API Processing – Licensing, Inc.
3419 Galt Ocean Drive, Suite A
Ft. Lauderdale, FL 33308
954/567-0013 Office

June 30, 2020

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

Re: Dissolution of D.A.C.P. Construction, LLC dba D.A.C.P. Group, LLC

To Whom It May Concern:

We will not revoke the dissolution of D.A.C.P. Construction, LLC dba D.A.C.P. Group, LLC so as to release the name, D.A.C.P Group, LLC to be filed as a domestic Florida corporation.

Thank you,

Danny Cruz