L20000271174

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



300350035623

08/20/20--01026--026 **125.00



COVER LETTER

TO:

	w Filing Section vision of Corporations
SUBJECT:	
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Connor Shields
	Name of Person
	Delos Holdings LLC
	Firm/Company
	1317 Edgewater Dr., #1695
	Address
	Orlando, FL 32804
	City/State and Zip Code cshieldscm@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
_	Connor Shields at (561) 334-3495
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet Address20New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301The control of the control o

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

L	Delos Holdings LLC		
(Must co	ontain the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	t address of the principal offi	ce of the Limited	Liability Company is:
Princ	ipal Office Address:		Mailing Address:
1317 Edgewater		131	7 Edgewater Dr. #1695
Orlando, FL, 328	04	Orla	nndo, FL, 32804
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as its own Ron active Florida registration.) et address of the registered as	egistered Agent. gent are:	nt's Signature: You must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Ron active Florida registration.) et address of the registered as Kelly Miller	egistered Agent.	nt's Signature: You must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Ron active Florida registration.) et address of the registered as Kelly Miller	egistered Agent. gent are:	nt's Signature: You must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Ron active Florida registration.) et address of the registered as Kelly Miller N 1317 Edgew	egistered Agent. gent are: Name	You must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Ron active Florida registration.) et address of the registered as Kelly Miller N 1317 Edgew Florida street address (I	gent are: Name ater Dr	You must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own Ron active Florida registration.) et address of the registered as Kelly Miller N 1317 Edgew	egistered Agent. gent are: Name	You must designate an individual or

(CONTINUED)

2020 AUS 20 PH 12: 01

3	R1	ľ	LE	IV.
α			 1.4 F.	

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

Title:	al 1 the 3	Name and Address:	
"MGR" = A	uthorized Member		
MGRM	nager	Connor Shields	
		1317 Edgewater Dr. #1695	
		Orlando, FL 32804	
			
			
			
			<u> </u>
(I la vassa abaa			
(Osc anacimie	ent if necessary)		
ective date is I of filing.) the date insert nent's effectiv E VI: Other pr	isted, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any.	e and cannot be more than five business days the applicable statutory filing requirements, this ate's records.	
ective date is I of filing.) the date insert ment's effective E VI: Other pr	isted, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any.	the applicable statutory filing requirements, this ate's records.	
ective date is I of filing.) the date insert nent's effectiv E VI: Other pr	isted, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any.	the applicable statutory filing requirements, this	
ective date is I of filing.) the date insert ment's effective E VI: Other pr	isted, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any. SIGNATURE: Signature of a member of this document is executed in a maware that any false information.	r or an authorized representative of a memb	s date will not be
ective date is I f filing.) the date insert nent's effectiv E VI: Other pr	sisted, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any. SIGNATURE: Signature of a member of this document is executed in a may be a made of the constitutes a third degree felocities.	the applicable statutory filing requirements, this ate's records. The applicable statutory filing requirements, this ate's records. The applicable statutory filing requirements, this ate's records.	er. rida Statutes. ment of State
etive date is I f filing.) the date insert nent's effectiv E VI: Other pr	sisted, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any. SIGNATURE: Signature of a member of a	r or an authorized representative of a membra accordance with section 605.0203 (1) (b). Florancian submitted in a document to the Department as provided for in s.817.155, F.S. connor Shields	er. rida Statutes. ment of State
ective date is I f filing.) the date insert nent's effectiv E VI: Other pr	sisted, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any. SIGNATURE: Signature of a member of a	r or an authorized representative of a membra accordance with section 605.0203 (1) (b), Flormation submitted in a document to the Department of Shields ped or printed name of signee	er. rida Statutes. ment of State
retive date is I if filing.) the date insert ment's effective E VI: Other pr	sited, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any. SIGNATURE: Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felomore. Co	r or an authorized representative of a membra accordance with section 605.0203 (1) (b), Flormation submitted in a document to the Department of Shields ped or printed name of signee	er. rida Statutes. ment of State
setive date is I if filing.) the date insert nent's effective E VI: Other present the pres	sited, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any. SIGNATURE: Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felomore. Co Typing Fee for Articles of Organiz	r or an authorized representative of a membra accordance with section 605.0203 (1) (b), Flormation submitted in a document to the Department of Shields ped or printed name of signee	er. rida Statutes. ment of State
stive date is I f filing.) the date insert nent's effectiv E VI: Other pr REOUIRED \$125.00 Filin \$ 30.00 Cer	sited, the date must be specific ted in this block does not meet to de date on the Department of State ovisions, if any. SIGNATURE: Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felomore to the constitutes of Organiz tified Copy (Optional)	r or an authorized representative of a membra accordance with section 605.0203 (1) (b), Flormation submitted in a document to the Department of Shields ped or printed name of signee	er. rida Statutes. ment of State
of filing.) the date insertment's effective E VI: Other preserved the served the serve	sited, the date must be specific ted in this block does not meet to be date on the Department of State ovisions, if any. SIGNATURE: Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felomore. Co Typing Fee for Articles of Organiz	r or an authorized representative of a membra accordance with section 605.0203 (1) (b), Flormation submitted in a document to the Department of Shields ped or printed name of signee	er. rida Statutes. ment of State
state of the state of filing.) the date insertment's effective E. VI: Other present the state of the state	sited, the date must be specific ted in this block does not meet to de date on the Department of State ovisions, if any. SIGNATURE: Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felomore to the constitutes of Organiz tified Copy (Optional)	r or an authorized representative of a membra accordance with section 605.0203 (1) (b), Flormation submitted in a document to the Department of Shields ped or printed name of signee	er. rida Statutes. ment of State