

L22000016742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

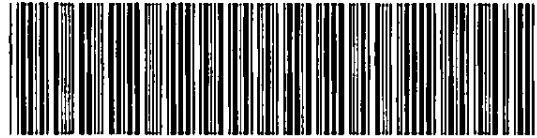
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*Handwritten signature/initials*  
1/14/22

2022 JAN 10 AM 6:52  
TALLAHASSEE  
FLORIDA

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

DAG LandsCaping LLC

**SUBJECT:** \_\_\_\_\_  
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:

Dayron B. Camacho

Name of Person

DAG Landscaping LLC

Firm/Company

2916 Canoe Circle

Address

Saint Cloud, FL 34772

City/State and Zip Code

dayroncamachopolanco@gmail.com

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

**For further information concerning this matter, please call:**

Dayron B. Camacho

407

973-0263

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

☐ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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

AMBR

Dayron B. Camacho  
2916 Canoe Circle  
Saint Cloud, FL 34772

AMBR

Wendy Bonilla  
2916 Canoe Circle  
Saint Cloud, FL 34772

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

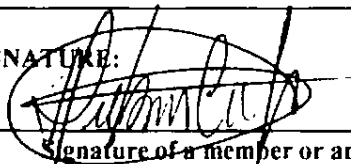
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Dayron B. Camacho

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)

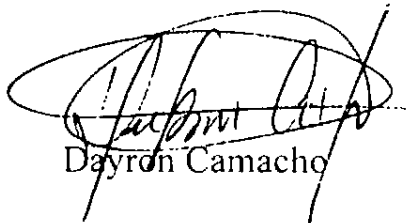
2022 JUN 10 AM 6:52  
CLERK  
TALL

January 03, 2022.-

To whom it may concern,

Who signs Dayron Camacho, phone number 407-973-0263 and email [dayroncamachopolanco@gmail.com](mailto:dayroncamachopolanco@gmail.com), who is the authorized representative to manage the registration of the company DAG Landscaping LLC.

If you need any other information you can email me or call me at the information above.



Dayron Camacho

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