L22000082628

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| <u> </u> |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Sasiness Entry Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2022 FEB 22 PH 3: 07



ACCARAGE FROM

February 22, 2022

CAPITAL CONNECTION

SUBJECT: DINA CONSULTING LLC

Ref. Number: W22000022801

We have received your document for DINA CONSULTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the Manager in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist III

Letter Number: 222A00004401

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| DINA CONSULTING LLC | |
|----------------------|--------------------------------|
| | |
| | |
| | |
| | |
| | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art, of Amend, File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| Signature | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
| Requested by: | UCC 1 or 3 File |
| Name Date Time | UCC 11 Search |
| | UCC 11 Retrieval |
| Walk-In Will Pick Up | Courier |

The mailing address and street address of the principal office of the Limited Liability Company is Mailing Address: 1510 NE 28TH CT, POMPANO BEACH, FL 1510 NE 28TH CT, POMPANO BEACH. FL 33064 Ċ 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 of

33064

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. Thereby 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 diaties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Florida street address (P.O. Box SOT acceptable)

ARTICLESOFORGAMZATION FOR 14 ORIDALIMITED FABILITY COMPANY

(Must contain the words "Limited Liability Company, "L. I. C.," or "LLC.")

ARTICLE4 - Name:

ARTICLE II - Address:

33064

The name of the Limited Liability Company is:

DINA CONSULTING LLC

another business entity with an active Florida registration.)

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

DINA DENIGRIS

1510 NE 28TH CT

<u>POMPANO BEAC</u>II

Principal Office Address:

/ Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: "AMBR" ≈ Authorized Member "MGR" ≈ Manager | Same and Address; |
|---|--|
| AMBR | DINA DENIGRIS, 1510 NE 28TH CT, POMPANO BEACH FL 33064 |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ICLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) E: If the date inserted in this block does not document's effective date on the Department. | |
| ICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filing.) E: If the date inserted in this block does not document's effective date on the Department of the | pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed at of State's records. |
| ICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filing.) E: If the date inserted in this block does not document's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: | meet the applicable statutory filing requirements, this date will not be listed at of State's records. |
| ICLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) E: If the date inserted in this block does not document's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical This document is exectly an aware that any fall. | meet the applicable statutory filing requirements, this date will not be listed at of State's records. |
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)