

(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:
W22000042405

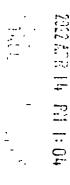
Office Use Only



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COVER LETTER

	ew Filing Section ivision of Corporations					
	CGI & Associates LEC					
SUBJECT	:Name	of Limited Liab	ility Company			
The enclos	ed Articles of Organization and fo	e(s) are submitte	ed for filing.			
Please retu	rn all correspondence concerning	this matter to the	e following:			
	Peter Flores			_		
		Name	of Person			
	DDC. LLC					
		Firm/	Company			
	PO Box 120595					
		Αι	ldress			
	W. Melbourne, Fl. 32912					
		City/State	and Zip Code			
	pactecs@gmail.com	be used for futur	e annual report notification	on)		
For further	information concerning this matte					
TOT IGHTE	Peter Flores	210	585-1031			
	Name of Person	_at (Area Code		e Number		
	is a check for the following amou					
□sj25.0 ∴ ∴ ∴	00 Filing Fee ≡\$130.00 Filin Certificate of S	atus Cei	\$155,00 Filing Fee & tiffed Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Address			
	New Filing Section Division of Corporations		New Filing Section Division The Centre of Tallahassee			
· · ·	_{ea} P.O. Box 6327		2415 N. Monroe Stre	et, Suite 810		
٠.,	Tallahassee, FL 32314		Tallahassee, FL 32303			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CGI & Associat	es LLC			
(Must	contain the words "Limite	d Liability Company.	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and str	eet address of the principal	l office of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
101 Prince Ave.			3ox 120595	
Melbourne, FL 32901		W. N	W. Melbourne, FL 32912	
he Limited Liability Com		vn Registered Agent.		
he Limited Liability Com other business entity will	pany cannot serve as its ow an active Florida registrat reet address of the register	vn Registered Agent. 'tion.)		
he Limited Liability Com other business entity will	pany cannot serve as its ow an active Florida registrat	vn Registered Agent. 'tion.)	nt's Signature: You must designate an individual or	
he Limited Liability Com other business entity will	pany cannot serve as its own an active Florida registrate reet address of the register DDC, LLC	vn Registered Agent. (tion.) red agent are:		
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he Limited Liability Com other business entity will	pany cannot serve as its own an active Florida registrate reet address of the register DDC, LLC	vn Registered Agent. (tion.) red agent are: Name	You must designate an individual o	

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)

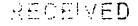
(CONTINUED)

VELICE IA:

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

<u></u>	
M Certificate of Status (Optional)	
00 Certified Copy (Optional)	
Filing Fee for Articles of Organization and Designation of Registered Agent) \$71\$
Typed or printed name of signee	
25/24/25 11/1/23	
constitutes a third degree felony as provided for in \$1817.155. F.S.	
I am aware that any false information submitted in a document to the Department of State	
Signature of a member or an authorized representative of a member. This document is executed in accordance-Aith section 605.0203 (1) (b). Florida Statutes.	
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RED SICKVLORE	вкоп
ate is listed, the date must be specific and cannot be more than five business days prior to or 90 d. .) c inserted in this block does not meet the applicable statutory filing requirements, this date will not b	guilft To
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PO Box 120595 W. Melbourie Fl 52912	
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2022 APR | 4 PH 3: 0!

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2022

PETER FLORES
PO BOX 120595
W MELBOURNE, FL 32912

SUBJECT: CGI & ASSOCATES LLC

Ref. Number: W22000042405

ASSOCIATES!!

We have received your document for CGI & ASSOCATES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The registered agent must sign accepting the designation.

The documents are too light.

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.

Karen Lovelace Regulatory Specialist II

:

Letter Number: 322A00007633