

U220001445723

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : WISE TAX FIRM INC.  
Account Number : I20218000018  
Phone : (786)520-0001  
Fax Number : (786)227-6631

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
DKO EXPRESS LLC**

|                       |    |
|-----------------------|----|
| Certificate of Status | 0  |
| Certified Copy        | 0  |
| Page Count            | 03 |
| Estimated Charge      |    |

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DKO EXPRESS LLC

\_\_\_\_\_  
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:

ORLANDO JOSE RIZO MUNOZ

\_\_\_\_\_  
Name of Person

DKO EXPRESS LLC

\_\_\_\_\_  
Firm/Company

8824 NW 110 ST

\_\_\_\_\_  
Address

HIALEAH GARDENS, FL 33018

\_\_\_\_\_  
City/State and Zip Code

ORLANDORIZO@ICLOUD.COM

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

For further information concerning this matter, please call:

|                         |                    |                                   |
|-------------------------|--------------------|-----------------------------------|
| ORLANDO JOSE RIZO MUNOZ | 786                | 597-9361                          |
| _____<br>Name of Person | _____<br>Area Code | _____<br>Daytime Telephone Number |

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DKO EXPRESS 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:

ORLANDO JOSE RIZO MUNOZ

8824 NW 110 ST

HIALEAH GARDENS, FL 33018

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

ORLANDO JOSE RIZO MUNOZ

Name

8824 NW 110 ST

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

HIALEAH GARDENS FL 33018

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

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

ORLANDO JOSE RIZO MUNOZ

8824 NW 110 ST

HIALEAH GARDENS, FL 33018

(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.

ORLANDO JOSE RIZO MUNOZ

Typed or printed name of signer

**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)

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