Lexitas

From: Andrea Mendez



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : RASI Account Number : I2C2200C0023 Phone : (8C0)221-2972 Fax Number : (917)243-5943 **Enter the email address for this business entity to be used for future

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

Email Address:



ARTICLESOF ORGANIZATIONFORFLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

DSS Management of Florida LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1900 NW 32nd Street, Suite A	1900 NW 32nd Street, Suite A
Pompano Beach, FL 33064	Pompano Beach, FL 33064

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 or another business entity with an active Florida registration.)

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

Dashmir Dalipi		
	Name	
1900 NW 32nd Street	t, Suite A	
Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)
Pompano Beach	FL	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. The further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Therefore, and Therefore, and the complete the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLEIV-

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	
MGR	Dashmir Dalipi
	1025 Old Country Road, Suite 304
	Westbury, NY 11590
(Use attachment if necessary)	

ARTICLEV: 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.)

<u>Note:</u> 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.

ARTICLEVI: Other provisions, if any.

X Th			
	/chrs.		
Signature of a	member or an authorized representative of a member		
	cuted in accordance with section 605.0203 (1) (b), Florid ilse information submitted in a document to the Departm		
constitutes a third deg	ree felony as provided for in s.817.155, F.S.		
Dashmir Dalij	bi		27.02
	Typed or printed name of signee	- ;,	
			- 11
	Types of printed millio of signee		N N
	Filing Fees:		
\$125.00 Filing Fee for Articles of (257 - 1
\$125.00 Filing Fee for Articles of (\$-30.00 Certified Copy (Optional	<u>Filing Fees:</u> Organization and Designation of Registered Agent		SEP - I AM