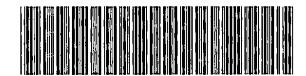
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SECRETARY OF STATE
TALLAHASSEE, FL

# COVER LETTER

TO: New Filing Section Division of Corporations				
DELLASKLOSET LLC	·			
SUBJECT:	Name of Limited Liab	oility Company	<del></del>	
The enclosed Articles of Organization	rand (ee(s) are submitt	ed for filing.		
Please return all correspondence conc	erning this matter to th	e following:		
DADREA BENTLEY				
<del></del>	Name	of Person		
	Firm/	Company		
6278 WAUCONDA WA	Y WEST			
	Λ	idress		
LAKE WORTH FL 3346	53			
DOLL SUI OSTTOCNI	-	and Zip Code		
DELLASKLOSET@GMA		re annual report notification	on)	
For further information concerning thi				
DADREA BENTLEY	561	281-8667		
Name of Person	at ( Area Cod	e Daytime Telephon	e Number	
Enclosed is a check for the following	ganouot:			
□\$125,00 Filing Fee □ □\$130.0	0 Filing Fee &	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose	:d)
Mailing Address New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee Fig. Suite 810	)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DELLASKLOSET	r LLC			
	ontain the words "Limited L	iability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	lice of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
6278 WAUCONDA WAY WEST			6278 WAUCONDA WAY WEST	
LAKE WORHT F	LAKE WORHT FL 33463		LAKE WORTH FL 33463	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	an active Florida registration et address of the registered	Registered Agent. \) agent are:	it's Signature: l'ou must designate un individual or	
(The Limited Liability Compa another business entity with a	my cannot serve as its own I in active Florida registration	Registered Agent. \) agent are:	it's Signature: l'ou must designate un individual or	
(The Limited Liability Compa another business entity with a	iny cannot serve as its own I an active Florida registration set address of the registered  DADREA BENTLEY  6278 WAUCONDA V	Registered Agent. V agent are: Name WAY WEST	You must designate an individual or	
(The Limited Liability Compa another business entity with a	any cannot serve as its own I an active Florida registration set address of the registered <u>DADREA BENTLEY</u>	Registered Agent. V agent are: Name WAY WEST	You must designate an individual or	
(The Limited Liability Compa another business entity with a	iny cannot serve as its own I an active Florida registration set address of the registered  DADREA BENTLEY  6278 WAUCONDA V	Registered Agent. No. 1, 1, 2, 2, 3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	cceptable)	
(The Limited Liability Compa another business entity with a The name and the Florida stre	eny cannot serve as its own I an active Florida registration bet address of the registered DADREA BENTLEY 6278 WAUCONDA V Florida street address LAKE WORTH City	Registered Agent. No. 1.) agent are: Name  NAY WEST  (P.O. Box <u>NOT</u> a  FL  State	('ou must designate an individual or	

(CONTINUED)

2022 SEP 14 PH 2: 08

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	DADREA BENTLEY 6278 WAUCONDA WAY W LAKE WORHT FL 33463	'EST
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does no the document's effective date on the Department	specific and cannot be more than it of meet the applicable statutory filing	ive ousiness days prior to or 70 days are:
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	130	
Signature of a This document is ex	member or an authorized represe ecuted in accordance with section 60	entative of a member. )5,0203 (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.

DADREA BENTLEY

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fcc for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)