# 220 6 Copain et 65 de 5 Division of Corporations Electronic Filing Cover Sheet

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.

(((H220004053113)))



H220004053113ABCS

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of re-		
	Division of Co		
	Fax Number	: (850)617-6381	
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number		
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	
**E		ddress for this business entity to be used for future mailings. Enter only one email address please **	

### FLORIDA LIMITED LIABILITY CO. DRS E-COMMERCE LLC

ල <i>උ</i> .	Certificate of Status	1	
<u> </u>	Certified Copy	0	
ALT 10:	Page Count	03	
	Estimated Charge	\$130.00	
e4.		The state of the s	•
11-			
<u> 10 5</u>			
<u> </u>		**************************************	

Electronic Filing Menu

Corporate Filing Menu

Help



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE 1/1/2023

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LL.C.," or "LL.C.")

DRS E-COMMERCE LLC

#### ARTICLE II - Address:

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

4946 SW 166TH AVE

MIRAMAR, FL 33027

#### ARTICLE III - Registered Agent, Registered Office:

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

ALDUEN, DELVIS R

4946 SW 166TH AVE MIRAMAR, FL 33027

#### ARTICLE IV-

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

ALDUEN, DELVIS R - MGR

4946 SW 166TH AVE

MIRAMAR, FL 33027

#### Required Signatures:

### <u>JELVIS RICARDO ALDUEN</u> Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

DELVIS RICARDO ALDUEN
Typed or printed name of signee

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..

DELVIS RICARDO ALDUEN

Registered Agent's Signature (REQUIRED)