# L23000037459

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Daggled Decor Events & Rentals L.C. 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:
Marityn Lugo Camachu Name of Person
Nan steel Duer Events & Rentale ILC
Firm/Company
250 N. Doldensod Rd
Address
Orlando H 32807  City/State and Zip Code
A) a 2 1/2 In y 2 Vin ts 1 (a) Gravil. Com  PER 23  B-mail address. (to be used for luture-annual report notification)
B-mail address (to be discussed to the date and the second
For further information concerning this matter, please call:
For further information concerning this matter, please call:    Jan type and (863) 444-6303   201   20
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,IJABILITY\,COMPANY$

ARTICLE I - Name:

The name of the Limited Liability Company is:
(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:  250 N. Golden Rod Load 1258 SW Harlem Cir.  Orlando 71 32307 Arcadia 41 34266
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:  Michelia Encar  Name
Florida street address (P.O. Box NOT acceptable)
Or Cardo II
City State Zip
Having been named as registered agent and to accept service of process for the above stated limited liability companying 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 duffes, and 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)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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 Statules. 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.

Filing Fees:

Marityn Lugo Camacho

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)