

L23000265199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

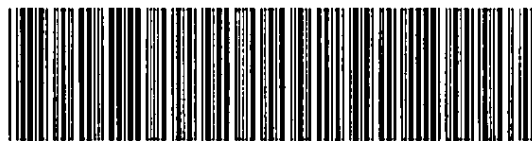
(Business Entity Name)

(Document Number)

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2/22/23

file 2/22/23

W23-16969

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DAND LLC ANDD 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:

Alphie Aiken

DAND LLC ANDD LLC
Name of Person
Firm/Company

1447 Capri Lane, Unit 6113

Address

Weston, Florida 33326

City/State and Zip Code

alphiesimone@gmail.com

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

For further information concerning this matter, please call:

Alphie Aiken 352 460.8486
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
\$130

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AA ANDD LLC AA
~~DAND 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:
1447 Capri Lane Unit 6113
Weston, Florida 33326

Mailing Address:
AA ANDD LLC AA
~~DAND LLC~~
PO BOX 268448
Weston, Florida 33326

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:

Alphie Aiken
Name
1447 Capri Lane Unit 6113
Florida street address (P.O. Box **NOT** acceptable)
Weston Florida 33326
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Alphie Aiken
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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Alphie Aiken

1447 Capri Lane, 6113

Weston, Florida 33326

AMBR

Dane Aiken Sr

1447 Capri Lane, 6113

Weston, Florida 33326

AMBR

Dane Aiken Jr

1447 Capri Lane, 6113

Weston, Florida 33326

AMBR

Nicholas Aiken

1447 Capri Lane, 6113

Weston, Florida 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2023 (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.

Alphie Aiken

Typed or printed name of signee

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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