

2/14/24, 4:13 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H240000624143ABOX

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)637-0130

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

Email Address: sales@eloenterprises.us

FLORIDA LIMITED LIABILITY CO.
DIM SOLUTIONS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

DIM SOLUTIONS, 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:

941 NANDINA DR.
WESTON, FL 33327

Mailing Address:

941 NANDINA DR.
WESTON, FL 33327

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

ELO ENTERPRISES, INC

Name

4700 NW Boca Raton Blvd #202

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL

33431

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DANIELA CALVO ARANIBAR

300 MARINA DR

WESTON FL 33327

MGR

MARIEL GARCIA

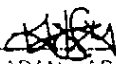
311 NASH BRANCH DR

WESTON FL 33327

(Use attachment if necessary)

ARTICLE V: 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.)

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:**
DANIELA ARANIBAR (Feb 14, 2024 16:07 EST)**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.

DANIELA CALVO ARANIBAR - Manager

Typed or printed name of signer