

L24000113017

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PEDRO LUZQUINOS  
 Account Number : 120170000042  
 Phone : (954)655-8413  
 Fax Number : (954)432-8807

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

Email Address: PLUTDUN101@HOTMAIL.COM

FLORIDA LIMITED LIABILITY CO.

D.P.C. SOLUTIONS LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

MS

H240000915127

## COVER LETTER

TO: **New Filing Section**  
**Division of Corporations**

SUBJECT: **D.P.C SOLUTIONS 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:

**CRUZ PEREZ, DANIEL**

Name of Person

Firm/Company

**214 LAKE POINTE DR #101**

Address

**OAKLAND PARK, FL 33309**

City/State and Zip Code

**businessomgrs@gmail.com**

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

For further information concerning this matter, please call:

**PEDRO LUZQUINOS** 954 655-8413  
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)**

Mailing Address

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

Street Address

New Filing Section  
Division of Corporations  
Clinton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 FLORIDA  
 DIVISION OF  
 CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

D.P.C. 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:**

**Mailing Address:**

214 LAKE POINTE DR #101  
OAKLAND PARK, FL 33309

214 LAKE POINTE DR #101  
OAKLAND PARK, FL 33309

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

**ARTICLE III - Registered Agent Registration** (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:

CRUZ PEREZ, DANIEL

Name

214 LAKE POINTE DR #101

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

OAKLAND PARK FL 33309  
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.*

Daniel Cruz Perez

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:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**

CRUZ PEREZ, DANIEL

214 LAKE POINTE DR #101

OAKLAND PARK, FL 33309

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(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:**

Daniel Guy Peters

Signature of a member or an authorized representative of a member.

Signature of a member of a political party  
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.

CRUZ PEREZ, DANIEL

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)**

**S 50.00 Certificate of Status (Optional)**

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