

22400160571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

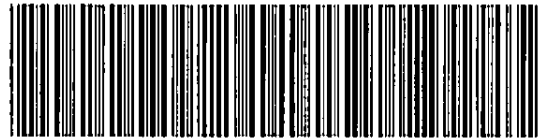
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DEAN AND FAMILY INVESTMENTS LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

2004/07-08 PM 3:57
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DEAN AND FAMILY INVESTMENTS 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:

LORENE SEELER YOUNG
Name of Person
LORENE SEELER YOUNG, P.A.
Firm/Company
9124 GRIFFIN ROAD
Address
COOPER CITY FL 33328
City/State and Zip Code
LORENE@LSY-LAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENE SEELER YOUNG 954 585-3967
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)

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

2004/09-09
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEAN AND FAMILY INVESTMENTS 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:

9124 Griffin Road
Cooper City FL 33328

Mailing Address:

C/O FAAS
255 Alhambra Circle Suite 500
Coral Gables FL 33134

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:

LORENE SEELER YOUNG P.A.

Name

9124 GRIFFIN ROAD

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

COOPER CITY FL 33328

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.

Lorene Seeler Young, President
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

2004/07/27
2004/07/27
2004/07/27

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

MGR

FELIPE FRANCO

1001 Brickell Bay Drive #2736

Miami FL 33131

AR

Lorene Seeler Young, Esquire

9124 Griffin Road

Cooper City FL 33328

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 8, 2024. (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.

The company shall be a Manager-Managed company and the Manager is Felipe Franco

REQUIRED SIGNATURE:

Lorene Seeler Young Esq.

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.

Lorene Seeler Young, Esq., Authorized Representative

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)

FILED
APR 10 2024
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE
FLORIDA