

09/24/2024 07:39 AM

24/9/24, 10:30 a.m.

H240003246603

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : LATIN AMERICAN TAXPRO
Account Number : 120220000106
Phone : (407)318-0823
Fax Number : (561)467-5851

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

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FLORIDA LIMITED LIABILITY CO.
DGM NOW ORLANDO LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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Help

H240003246603

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COVER LETTER

TO: New Filing Section
Division of CorporationsSUBJECT: DGM NOW ORLANDO 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:

LEIDA GONZALEZ

Name of Person

DGM NOW ORLANDO LLC

Firm/Company

1707 ORLANDO CENTRAL PKWY SUITE 210

Address

ORLANDO FLORIDA 32809

City/State and Zip Code

DGMNOWORLANDO@GMAIL.COM

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

For further information concerning this matter, please call:

LEIDA GONZALEZ

407

668 3278

at ()

Name of Person

Area Code

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 AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303H240003246603

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DGM NOW ORLANDO 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:1707 ORLANDO CENTRAL PKWY SUITE 210
ORLANDO FLORIDA 32809Mailing Address:1707 ORLANDO CENTRAL PKWY SUITE 210
ORLANDO FLORIDA 32809

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:

LEIDA GONZALEZ

Name

1707 ORLANDO CENTRAL PKWY SUITE 210Florida street address (P.O. Box **NOT** acceptable)ORLANDO FLORIDA 32809

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..

Leida Gonzalez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H240003246603

H240003246603**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGRLEIDA GONZALEZ
12036 SCRUB PALM LN
ORLANDO FLORIDA 32809MGRDIEGO GODOY
12036 SCRUB PALM LN
ORLANDO FLORIDA 32809____________________

(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:**

Leida Gz

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.

LEIDA GONZALEZ

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)**