

L25000002512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

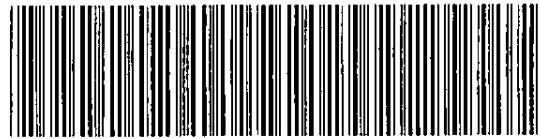
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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RECEIVED
2025 JAN -3 PM 2:38
CLERK OF SUPERIOR COURT
JANUARY 3, 2025

CAPITAL CONNECTION, INC.

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

DJS RENTALS INVESTMENTS LLC

Please Debit FCA000000003 For: 130

Thank you Seth Neeley



2023-01-17 09:47

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

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

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

SUBJECT: DJS RENTALS 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:

ANA DE SA

Name of Person

Firm/Company

3808 BOWNFIN TRI.

Address

KISSIMMEE FL 34746

City/State and Zip Code

ana@rstaxpros.com

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

For further information concerning this matter, please call:

ANA DE SA	407	4215251
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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DJS RENTALS 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:

3808 BOWFIN TRL

KISSIMMEE FL 34746

Mailing Address:

217 oakwood avenue

Long branch, NJ, 07740

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:

Daniel Esteves Soares

Name

3808 BOWFIN TRL

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

KISSIMMEE

FL

34746

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 Soares

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

Name and Address:

MGR

Daniel Esteves Soares
217 oakwood avenue
Long branch, NJ, 07740

(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 Soares

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.

Daniel Esteves Soares

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)