L040000 38306

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
Please	call 1	when
Kead	4	
	681-10	10
	<u> </u>	

Office Use Only



900032436659

05/20/04--01021--020 **155.00

LLANTS TO TRIBA

O4 MAY 20 PH

FIFD

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	2 1
SUBJECT: DHFS Enterprises, LLC (Name of Limited Liability Company)	To the state of th
The enclosed Articles of Organization and fee(s) are submitted for filing.	OLAN CO PH 3: 05
Please return all correspondence concerning this matter to the following: James C. Banks, Esquire	Đ,
(Name of Person) Law Office of Banks & Morris, P.A.	
(Firm/Company) 810 Thomasville Road	-
(Address)	
Tallahassee, Florida 32303 (City/State and Zip Code)	
For further information concerning this matter, please call:	
James C. Banks at (850) 681-1010 (Name of Person) (Area Code & Daytime Telephone Number)	<u> </u>

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARCHAR SEE	120 m	3
•	ON THE REAL PROPERTY.	Ϋ́

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

DHFS Enterprises, LLC	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2616 West Mission Rd #82	Same
Tallahassee, Florida 32304	·
111111111111111111111111111111111111111	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Koderick M. Harris	3		· · · · · · · · · · · · · · · · · · ·
Name			
2616 West Mission	Rđ.	#82	
Florida street address (P.O.)	Box NO	accept	able)
<u> Tallahassee </u>	FLO	<u>rida</u>	<u> 32304</u>
City, State, and	7:		

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 608, Florida Statutes..

Registered Agent's Signature - Roderick M. Harris

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Richard Harris
	9031 Ceder Springs Road Blakely, GA 39823
MGRM	Roderick M. Harris 2616 West Mission Rd. #82
	Tallahassee, FL 32304
· ·	
(Use attachment if necessary)	
•	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Moderich "	Harria
Signature of a member or an au	thorized representative of a member.
(In accordance with section 608,4 of this document constitutes an all that the facts stated herein are true.)	408(3), Florida Statutes, the execution (Tirmation under the penalties of perjury e.)

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Roderick M. Harris
Typed or printed name of signee