Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000164752 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

· (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone

: (813)229-7600

Fax Number

: (813)229-1660

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

D & E Financial, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

M. THOMAS

Electronic Filing Menu

Corporate Filing Menu

JUL Help2008

**EXAMINER** 

H08000164752 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	IÇLE	1	-	N	Ħ	Ш	e	
		_			_	-		ı

665 BOCA BAY DRIVE

BOCA GRANDE, FL 33921

The name of the Limited Liability Company is:

D & E FINANCIAL, LLC	
(Must end with the words	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

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 hustness entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PQ BQX 988

BOCA GRANDE, FL 33921

BRUCE H. GORDON
Name

101 E. Kennedy Blvd., Ste. 2800

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

Tampa 33602 FL
City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

## H08000164752 3

ARTICLE 1	ν-	Mana	iger(s	) or	Managi	ng N	1em ber	(8):

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

MGRM	Edward Reefe	
	PO Box 988	
	Boca Grande, FL 33921	
		9
		<u> </u>
		美温と
		<u> </u>
		E FLORIE
(Use attachment if necessary)	•	
(Ose anaciment in necessary)	•	

**REQUIRED SIGNATURE:** 

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bruce H. Gordon

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 5.00 Certificate of Status (Optional)

Page 2 of 2