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As Required by Florida Statute 218.30(1)(b) - www.fl.gov

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 125.00

AUTHORIZATION SIGNATURE: 

2501 Del Lago Drive, LLC  
BUSINESS ( Name)

Document #

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**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- CORP
- LLLP

**OTHER FILINGS**

- Annual Report
- Fictitious Name Cancel
- APOSTIL ( ) \_\_\_\_\_  
Country

**AMMENDMENTS**

- Amendment
- Resignation of Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

**REGISTRATION/QUALIFICATIONS**

- Foreign Filing
- Limited Partnership
- Dissolution/\_Reinstatement
- Trademark
- Other

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EXAMINER'S INITIALS: \_\_\_\_\_

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EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 2501 Del Lago Drive, 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:

Richard G. Cole

Name of Person

Firm/Company

8253-J Backlick Road

Address

Lorton, VA 22079

City/State and Zip Code

jhurch@jjhpa.com

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

For further information concerning this matter, please call:

James Hurchalla at (954) 462-6776  
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

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 TALLAHASSEE FL  
 DIVISION OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2501 Del Lago Drive, 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:

Mailing Address:

8253-J Backlick Road  
Lorton, VA 22079

8253-J Backlick Road  
Lorton, VA 22079

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:

James J Hurchalla, Esquire  
Name

1700 E Las Olas Blvd., Suite 206  
Florida street address (P.O. Box ~~NOT~~ acceptable)

Fort Lauderdale      FL      33301  
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

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(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

John D. Long  
8253-J Backlick Road  
Lorton, VA 22079

MGR

Richard G. Cole  
8253-J Backlick Road  
Lorton, VA 22079

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

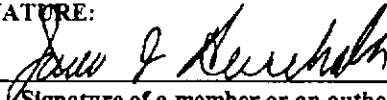
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



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.

James J. Hurchalla

Typed or printed name of signee

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**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)