L000000003553

Name: Demetri Athanasids

Address: 751 Pensacola Beach Blvd

#12E

Pensacola Beach, FL 32561

Phone: 805-932-0028 - day

850-932-7954 -eve

100003135041--5 -02/15/00--01008--018 ****160.00 ****160.00

PILED

00 FEB 15 PM 12: 0

SECNETATION SIGNED
TAIL AND SEE FLORID

W. P. Verifyer	DCC
Actino Medgement	DCC
Uodater Verifyer	ಿಂ
Updater	200
Document Examiner	
Name Availabili ty	

5/35/00 Ettroping gapr.

L00000002553

TOTE: 0.000000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 21, 2000

DEMETRI ATHANASIOS 751 PENSACOLA BEACH BLVD., #12E PENSACOLA BEACH, FL 32561

SUBJECT: DSA LLC

Ref. Number: W0000004707

We have received your document for DSA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 15, 2000. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Letter Number: 800A00009143

Diane Cushing Corporate Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,
. ARTICLE I - Name:
The name of the Limited Liability Company is:
05A. LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
751 Pensquote Och Blud
Pénsacola Beh Fl 30561
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Minotri Albranossis PS 8 151 Pansacda Bh Blad / T
Florida street address (P.O. Box NOT acceptable)
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 garee 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
Obligations of my position as a grant of a
Registered Agent's Signature
Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
Fobruary 22,2000 Ifras.p
(An additional article must be added if an effective date is requested)
The State of the total of the state of the s
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.)
To hand Ada You
Typed or printed name of signee
Types of printed name of signed
The Table

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)