## Daniel Funicello Requester's Name 9 Charleston Sq. Address Broad Bch, Fl 32174 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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1	
(Corporation Name)	(Document #)
2. (Corporation Name)	10003381461
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Certified Copy  Photocopy  Certificate of Status  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is: LDF Services LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  9 Charleston Square  Ormand Beach, CL 32174  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Name  9 Charleston Square  Florida street address (P.O. Box NOT acceptable)  Ormand Beach FL 32174  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
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.  (An additional article must be added if an effective date is requested).
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.)  Linda A. Funicello  Typed or printed name of signee
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)