

LO2000030554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300008894173

11/14/02--01060--009 \*\*155.00

FILED  
02 NOV 14 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

**von jergen, j.c./ mo n e jay berry**

400 West Romana Street • Pensacola, FL 32501 • (850) 434-7345  
433-5366 Fax • Email: vjb@networktel.net

November 5, 2002

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Devilliers Development, LLC

To whom it may concern:

Enclosed please find the Articles of Organization for Florida Limited Liability Company and Check No. 1161 for \$155 to cover the filing fees.

If you have any questions or require any additional information, please feel free to contact me at (850) 434-7345.

Sincerely,



Rose Stevens  
Operations Manager

FILED  
02 NOV 14 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Devilliers Development, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

400 W. Romana Street, Pensacola, FL 32501

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Carter Quina

Name

400 West Romana Street

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

Pensacola

FL 32501

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

(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.)

Edward von Bergen

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)

FILED  
02 NOV 14 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA