## L03000005166

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	of Status
,	-	
Special Instructions to I	Filing Officer:	
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Office Use Only



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DEMARCAY, L.L.C.	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liabilit	y Company is: ,
3300 HENDERSON BLVD., Suite 106, TAMPA, FL.	33609
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig	nature:
The name and the Florida street address of the registered agent are:	田田工
Michael C. DEMARCAY	語言匠
3300 HENDERSON BIVD., Suite 106	THE ST OF
Florida street address (P.O. Box NOT acceptable)	13 THE TOTAL
Thuand = 22100	್ಲಿ <b>ರಾ</b>

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.

City, State, and Zip

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.)

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)