## L03000035689

(Re	questor's Name)	<del> </del>	-		
(Ad	(Address)				
(Address)					
<i>(, 1.2.</i>					
(Cit	y/State/Zip/Phone	∍#)	_		
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)	-		
(Do	cument Number)		_		
Certified Copies	_ Certificates	of Status	, <del>.</del>		
Special Instructions to I	Filing Officer:				
			J		

Office Use Only



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09/15/03--01022--023 \*\*100.00 09/15/03--01022--024 \*\*25.00

M9/19

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Daveco, LLC		
(Name of I	Limited Liability Company)	·
The enclosed Articles of Organization and Please return all correspondence concerni		
David Disque		
(Name of Person)		
Daveco, LLC (Firm/Company)		O3 SEP 15 Ph
8880 Terrene Ct.		
(Address)		
Bonita Springs, FL 34135 (City/State and Zip Co	de)	
For further information concerning this m	natter, please call:	DIVISION C
Same	at ( 239 ) 947-5169	TS SF CO
(Name of Person)	(Area Code & Daytime Telephone	Number)
STREET ADDRESS:		
Registration Section Registration Section		Çı
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Li	mited Liability Company is:		
DAVECO, LLC			
ARTICLE II - Ad The mailing addres		ripal office of the Limited Liability Compa	any is:
Principal Office A	ddress:	Mailing Address:	
8880 Terrene Ct.		Same	
Bonita Springs, FL 3	34135		
	egistered Agent, Registered O Florida street address of the regi David Disque	office, & Registered Agent's Signature: istered agent are:	O3 SEP 15
Name		97	
8880 Terrene Ct.		PH I	
Florida street address (P.O. Box NOT acceptable)		0	
	Bonita Springs, FL 34135 F	FL .	<u></u> 一
	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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:
"MGR" = Man		
"MGRM" = M	anaging Member	
MGRM		David Disque
	•	8880 Terrene Ct. Bonita Springs, FL 34135
	<u> </u>	David Disque
	<del></del>	
(Use attachmer	nt if necessary)	
NOTE: An ac	lditional article must be	added if an effective date is requested.
DEGLUDED C	STANKE A STREET,	
REQUIRED S	SIGNATURE:	
		_
	1 Same	R. District
	Signature of a member	or an authorized representative of a member.
	of this document constitu	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
	that the facts stated here	in are true.)
	David Disque	A constitution of the cons
	Тур	ed 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)

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