

L030000 57491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

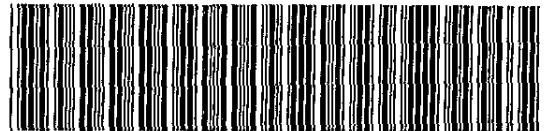
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVID PURCHASE LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID PURCHASE
(Name of Person)

(Firm/Company)

590 SHERMAN ROAD
(Address)

SOUTH DAYTONA FL 32119
(City/State and Zip Code)

SEC. OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DAVID PURCHASE at (386) 248-0020
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVID PURCHASE LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3620 RODEO ACRES DR 590 SHERMAN ROAD
ORMOND BEACH, FL 32174 SOUTH DAYTONA, FL 32119

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

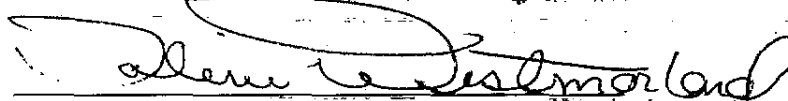
The name and the Florida street address of the registered agent are:

VALERIE WESTMORLAND
Name
134 CARSWELL AV.
Florida street address (P.O. Box NOT acceptable)
HOLLY HILL FLORIDA 32117
City, State, and Zip

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DAVID PURCHASE
590 SHERMAN ROAD
SOUTH DAYTONA, FL 32119

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

DAVID A. PURCHASE

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

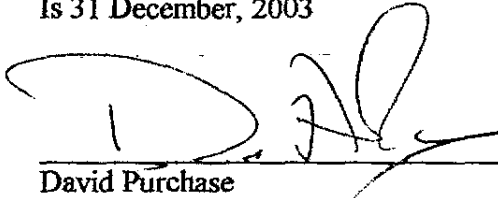
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Article V - Effective Date:
The effective date of commencement of

DAVID PURCHASE LLC
Is 31 December, 2003



David Purchase

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA