L04000002180

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000005057 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

04 JAN -8 PM 6:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND FILED

04 JAN -8 PM 4:51
RECEIVED
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

The Delivery Connection, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$130.00

Electronic Filing Menu Corporate Filing Public Access Help

1804

H04000005057

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **The Delivery Connection, 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:**
325 S.W. Gulliver Court	**325 S.W. Gulliver Court**
High Springs, FL 32643	**High Springs, FL 32643**

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

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

Keri A. Duffey

Name

325 S.W. Gulliver Court

(P.O. Box or Mail Drop Box **NOT** Acceptable)

High Springs, FL 32643

(City / State / Zip)

04 JAN -8 PM 6:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED AND FILED

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.

X _____

Registered Agent's Signature - **Keri A. Duffey**

H04000005057

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:**
MGR	Keri A. Duffey - 325 S.W. Gulliver Court, High Springs, FL 32643

(Use attachment if necessary)

REQUIRED SIGNATURE:

X _____
Signature of a member or 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.)

Keri A. Duffey
Typed or printed name of signee

APPROVED AND FILED
04 JAN -8 PM 6:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA