Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : RICHARD E. TORPY, PA

Account Number : 120030000045 Phone : (321)255-2332 Fax Number : (321)255-2351

LIMITED LIABILITY COMPANY

DAVE NIELSEN, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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JB - 28-04

ARTICLE I - Name:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited L	ability Company is:		
DAVE NIELSEN, LLC			
ARTICLE II - Address: The mailing address and st	reet address of the princ	cipal office of the Limited Liability Con	npany is:
Principal Office Address:		Mailing Address:	
311 Banyan Way		311 Banyan Way	
Melbourne Beach, FL 32951		Melbourne Beach, FL 32951	
•			
			···
ARTICLE III - Registere The name and the Florida s		Office, & Registered Agent's Signature sistered agent are:	OF JUN 27 SECATIONS
	David Nielse	en	一つ
	Name		2 P2
	311 Banyan Wa	y	974 (11-11-2)
F	lorida street address (P.O. I	Box NOT acceptable)	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.
Melbou	rne Beach	FLORIDA 32951	2 S
	City, State, and		The second secon

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..

tegistered Agent's Signature

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Man The name and address of each Manager	aging Member(s): ger or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	David Nielsen	
	311 Banyan Way	<u> </u>
	Melbourne Beach, FL 32951	
		- · · · - ·
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	• •	_
-		<u> </u>
(Use attachment if necessary)		- · ·
(0_0_0		
NOTE: An additional article mus	t be added if an effective date is requested.	O4
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.	AFPKUTAND FILED O4 JAN 27 PI SECRE (ANY E TALL AHASSES
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	

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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David Nielsen
Typed or printed name of signee