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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MSC 111 122 2-71 2011
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789, 611, 623 671 3114 WO4-1520



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 23, 2004

DARREN N. CRIPPS 894 SW LAKE CHARLES CIR PORT SAINT LUCIE, FL 34985-6

SUBJECT: DNC ENTERPRISES, LLC

Ref. Number: W04000007520

ON MAR TO PM 1: 12

We have received your document for DNC ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 704A00012073

TRANSMITTAL LETTER

SUBJECT: DNC Enterprises, 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:		
Darren N. Cripps	A	Q
- (Name of Person)	A	
DNC Enterprises, LLC	ASSE	O I RAH PO
(Firm/Company)	M _c	PH
894 SW Lake Charles Cir.		
(Address)		2
Port Saint Lucie, FL 34986		
(City/State and Zip Code)		•
For further information concerning this matter, please call:		
Darren N. Crippsat (772) 343-0027		

STREET ADDRESS:

TO:

Registration Section

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

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95	2	_

ARTICLE I - Name:

The name of the Limited Liability Company is:

DNC Enterprises, 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:		
894 SW Lake Charles Cir.	894 SW Lake Charles Cir.		
Port Saint Lucie, FL 34986	Port Saint Lucie, FL 34986		

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

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

Darren N. Cripps	
Name	
894 SW Lake Charles Cir.	
Florida street address (P.O.	Box NOT acceptable)
Port Saint Lucie, FL 34986	FLORIDA
City, State, ar	nd 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (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" = Manager "MGRM" = Managing Me	mber				
MGRM			Darren N. Cripps	Ārs	
,	=		894 SW Lake Charles Cir.	<u> </u>	
			Port Saint Lucie, FL 34986	Dr 3	
MRGM			Marilynn J. Cripps	IR I	
		-	894 SW Lake Charles Cir.	THE STATE OF	
			Port Saint Lucie, FL 34986		
				SE S	J
		Tien -			
		_			
OTT OF STATE					
(Use attachment if necessa	ry)				

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.)

Darren N. Cripps

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)