

W04000020849

00789-03827-00676-00673 \$125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

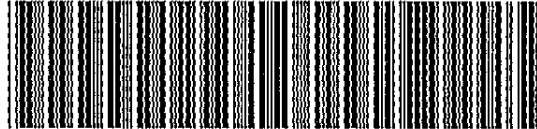
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*MAA*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAR 18 AM 10:58

W04-70298

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~Demos Inc., LLC~~ Demos & Company, 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:

Nancy Demos

(Name of Person)

~~Demos Inc., LLC~~ Demos & Company, LLC

(Firm/Company)

1433-B Grape Street

(Address)

Tallahassee, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Demos

(Name of Person)

at ( 850 ) 887-8765

(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



*(401 East Congress St)*

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 23, 2004

NANCY DEMOS  
DEMOS INC., LLC  
1433-B GRAPE STREET  
TALLAHASSEE, FL 32303

SUBJECT: DEMOS INC., LLC  
Ref. Number: W04000007028

We have received your document for DEMOS INC., LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00. - *register agent designation*

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 604A00011229

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Demos & Company, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Nancy Demos

**Mailing Address:**

1433-B Grape Street

Tallahassee, FL 32303

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

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

Nancy Demos

Name

1433-B Grape Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FLORIDA 32303

City, State, and Zip

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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..*

Nancy Demos

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

Nancy Demos

1433-B Grape Street

Tallahassee, FL 32303

MGRM

William Bell

9520 Starview Lane

Tallahassee, FL 32309

(Use attachment if necessary)

**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.)

Nancy Demos

Typed or printed name of signer

**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)**