

LO4000028469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900031809829

04/07/04--01011--010 **125.00

FILED

04 APR -7 AM 10:32

FILED

4/14
JMS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Debuys Dupont, 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:

Nicole Dupont Iseman

(Name of Person)

Debuys Dupont, LLC

(Firm/Company)

507 95th Ave. North

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin Iseman

(Name of Person)

at (239)

649-4900

(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

FILED
04 APR -7 AM 10:32
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Debuys Dupont, LLC

ARTICLE II - Address:

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

Principal Office Address:

507 95th Ave. North

Naples, FL 34108

Mailing Address:

507 95th Ave. North

Naples, FL 34108

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

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

Benjamin Iseman, Esq.

Name

3080 Tamiami Trail East

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

Naples

FLORIDA 34112

City, State, and 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

FILED
04 APR -7 AM 10:32
TALLAHASSEE, FLORIDA

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

Nicole Dupont Iseman


507 95th Ave. North

Naples, FL 34108

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


Signature of a member of 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.)

Nicole Dupont Iseman

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)

FILED
04 APR -7 AM 10:32
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT