# L04000033900

| (Requestor's Name)                      |   |
|---|---|
|   |   |
| (Address)                               |   |
|   |   |
| (Address)                               |   |
|   |   |
| (City/State/Zip/Phone #)                | _ |
|   |   |
| PICK-UP WAIT MAIL                       |   |
|   |   |
| (Business Entity Name)                  | — |
|   |   |
| (Document Number)                       | _ |
|   |   |
| Certified Copies Certificates of Status |   |
|   |   |
| Consideration to Filipport              | 7 |
| Special Instructions to Filing Officer: | 1 |
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Office Use Only



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# TRANSMITTAL LETTER

Registration Section

Registration Section
Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

To:

| Division of Corporations  |
|---|
|   |
| Subject: David Collins 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:               |
|   |
| David Collins   |
| (Name of Person)  |
|   |
| David Collins LLC   |
| (Firm/Company)  |
|   |
| PO Box 6643   |
| (Address)   |
|   |
| Dartin El 22550   |
| Destin, FL 32550 (City/State and Zip Code)  |
| (city) state and Exp code)  |
|   |
| For further information concerning this matter, please call:                            |
| , , , , , , , , , , , , , , , , , , ,   |
| Torres A Trustran CDA at 850 654 0235   |
| Joyce A Tucker, CPA at 850-654-9235 (Name of Person) (Area Code & Daytime Phone Number) |
|   |
| STREET ADDRESS: MAILING ADDRESS:  |

Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|           | <br> | <br> |
|-----------|------|------|
|           |      |      |
| ARTICLE I |      |      |
| Name:     |      |      |

The name of the Limited Liability Company is:

### Address:

**David Collins LLC** 

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

| Principal Office Address: | Mailing Address: |  |  |
|---------------------------|------------------|--|--|
| 1234 Airport Road #118    | PO Box 6643      |  |  |
| Destin, FL 32541          | Destin, FL 32550 |  |  |

# ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

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

# David Collins Name

1234 Airport Road #118
Florida street address (P.O. Box NOT acceptable)

Destin, FL 32541 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

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:<br>"MGR" – Manager   | Name and Address:                       |                      |                    |
|---|---|----------------------|--------------------|
| "MGRM" - Managing Member  |   |                      |                    |
| MGRM  | David Collins                           | <del></del>          |                    |
|   | PO Box 6643                             |                      |                    |
|   | Destin, FL 32550                        | <del></del>          |                    |
|   |   |                      |                    |
|   |   |                      |                    |
| NOTE: An additional article must be a   | dded if an effective date is requested. |                      |                    |
| REQUIRED SIGNATURE:   |   |                      |                    |
| Dail  | Collins                                 |                      |                    |
| Signature of a member or an ar  | uthorized representative of a member.   | .= *                 |                    |
| (In accordance with section 60 execution of this document copenalties of perjury that the factorial execution is a section of the section of | nstitutes an affirmation under the      |                      |                    |
| D   | avid Collins                            | <u>_</u>             | <b>P</b>           |
| Typed or pri  | nted name of signee                     | : •<br>5<br>13<br>13 | SECRETA<br>SECRETA |