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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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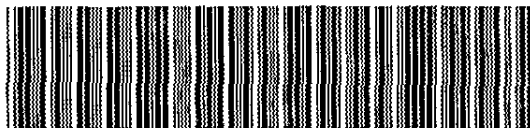
Certificates of Status _____

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delson Partners 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 L. Trulson
(Name of Person)

Delson Partners LLC
(Firm/Company)

6564 Timber Lane
(Address)

Boca Raton, FL 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy L. Trulson at (561) 997-3177
(Name of Person) (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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Delson Partners LLC

ARTICLE II - Address:

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

Principal Office Address:

Delson Partners LLC

6564 Timber Lane

Boca Raton, FL 33433

Mailing Address:

Delson Partners LLC

6564 Timber Lane

Boca Raton, FL 33433

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

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

Nancy L. Trulson

Name

6564 Timber Lane

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

Boca Raton, FL 33433

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 L. Trulson

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 L. Trulson
6564 Timber Lane
Boca Raton, FL 33433

MGRM

Gregory J. Trulson
6564 Timber Lane
Boca Raton, FL 33433

MGRM

Kathleen M. DelMonte
580 Ora Dell Avenue
Titusville, FL 32796

MGRM

Louis D. DelMonte
580 Ora Dell Avenue
Titusville, FL 32796

(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 L. Trulson
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)

} \$155.00 check enclosed