

W04000039934

00789-02595-00671

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MJH

04 MAY 25 PM 1:14

W04-18113

Dale Walsh

GAVE  
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CORRECT add suffix -

DATE

DOC. EXAM

change address

5/26

MJH

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~DATE~~ Dake Enterprise 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:

DALE WALSH  
(Name of Person)

Dake Enterprise  
(Firm/Company)

4719 17th Ave S.  
(Address)

St. Petersburg FL 33711  
(City/State and Zip Code)

For further information concerning this matter, please call:

DALE WALSH at 727 698-1342  
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 11, 2004

DALE WALSH  
DAKE ENTERPRISE  
13744 66TH ST. N. #8  
LARGO, FL 33771

SUBJECT: DAKE ENTERPRISE  
Ref. Number: W04000018113

We have received your document for DAKE ENTERPRISE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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."

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: 304A00032878

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Dake Enterprise 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:**

4719 17th Ave S.  
St. Petersburg, FL 33711

SAME

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

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

DALE WALSH

Name

4719 17th AVE S.

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

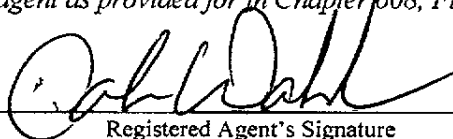
ST. PETE,

FLORIDA

33711

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

**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:**

[REDACTED]

[REDACTED]

MGR

FL

MGR

DALE WALSH  
4719 17th AVE.  
ST. PETE, FL. 33711

KEVIN ARCHER  
1362 WOODCREST AVE  
CLW., FL 33756

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

[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.)

DALE WALSH  
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)