

L040000 43664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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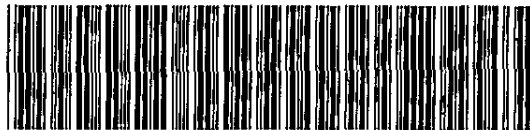
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 JUN -8 AM 10:37

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D C Enterprises of Tampa Bay L.L.C.
(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:

Cornell Bynum
(Name of Person)

D C Enterprises of Tampa Bay
(Firm/Company)

534 28th Street South
(Address)

St. Petersburg, Florida 33712
(City/State and Zip Code)

For further information concerning this matter, please call:

Cornell Bynum at (727) 823-7373
(Name of Person) (Area Code & Daytime Telephone Number)

7-11 EPN
04 JUN -8 AM 10:37
TALLAHASSEE, FLORIDA

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:

D C Enterprises of Tampa Bay 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:

533 28th Street South

Same

St. Petersburg, Florida

33712

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

Cornell Bynum
Name

534 28th Street South
Florida street address (P.O. Box NOT acceptable)

St. Petersburg FLORIDA 33712
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..


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:

MGR

Cornell Bynum
145 24th Avenue South
St. Petersburg, Florida 33705

MGRM


Dwight Bynum
3100 39th Avenue South
St. Petersburg, Florida 33712

(Use attachment if necessary)

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CLERK OF THE COURT
HALL/HASSEE, FLORIDA

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.)

Cornell Bynum

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)