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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

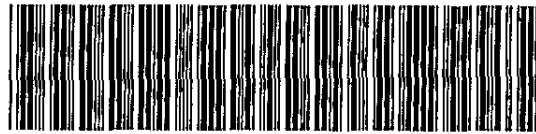
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 JUN -1 P 3:39
SECRETARY OF STATE
TALLAHASSEE, FL

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NAME	DATE
ADDRESS	DATE
CITY/STATE/ZIP	DATE
PHONE	DATE
W. P. NO.	DATE

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVID H. MESSER, 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 H. MESSER
(Name of Person)

DAVID H. MESSER, LLC
(Firm/Company)

14431 N.E. 114th AVE. Rd.
(Address)

FT. M^cCOY, FL. 32134
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID H. MESSER at (352) 236-6627
(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

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TALLAHASSEE, FLORIDA

2004 JUL -1 P 3:39

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVID H. MESSER, LLC

ARTICLE II - Address:

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

Principal Office Address:

14431 NE 114th AVE Rd.
FT. MCCOY, FL.
32134

Mailing Address:

14431 N.E. 114th AVE. Rd.
FT. MCCOY, FL.
32134

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

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

DAVID H. MESSER
Name


14431 N.E. 114th AVE Rd.
Florida street address (P.O. Box NOT acceptable)

FT. MCCOY FLORIDA 32134
City, State, and Zip

2004 JUN - 7 P 3:39
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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:

N/A

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Sam Merson
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.)

DAVID H. MESSER
Typed or printed name of signee

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)

2004 JUN -7 P 3: 39
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TALLAHASSEE, FLORIDA

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