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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

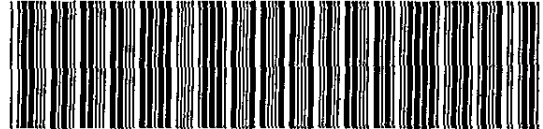
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JEROME SEAMAN
ATTORNEY AT LAW
900 Reisterstown Road 2nd Floor
Baltimore, MD 21208
Tele 410 653-2300 Fax 410 653-7731

June 8, 2004

Registration Section
Division of Corporations
409 E. Gaines ST.
Tallahassee, FL32399

To Whom It May Concern

Please send a copy of correspondence concerning this matter to:

Jerome Seaman, Atty.
900 Reisterstown Road
Pikesville, Maryland 21208

Sincerely,



Jerome Seaman, Attorney At Law

FILED
JUN 9 2004
TALLAHASSEE, FL
CLERK OF COURT

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DS "LLC" LTD Liability Co.
(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 Seaman
(Name of Person)

(Firm/Company)

3035 Lillian Pass
(Address)

Lakeland, FL 33813
(City/State and Zip Code)

For further information concerning this matter, please call:

Jerome Seaman, Atty at (410) 653-2300
(Name of Person) (Area Code & Daytime Telephone Number)

06 JUN-9 PM 2:31
FILED
TALLAHASSEE, FL 32314

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:

DS "LLC" LTD Liability Co.

ARTICLE II - Address:

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

Principal Office Address:

3035 Lillian Pass
Lakeland, FL 33813

Mailing Address:

3035 Lillian Pass
Lakeland FL 33813

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

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

David Seaman
Name

3035 Lillian Pass

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

Lakeland FLORIDA 33813
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..

David Seaman
Registered Agent's Signature

04 JUN-99 PM 2:31
FILED
AND
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

David Seaman
3035 Lillian Pass
Lakeland, FL 33813

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

David Seaman
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.)

David Seaman
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)

04 JUN -9 PM 2:31
SECRETARY OF
STATE
FALL AHSSTF. 410-107