

L04 000051878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

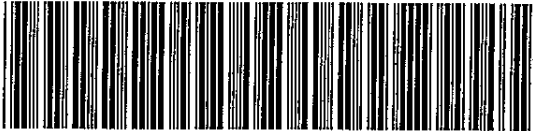
(Business Entity Name)

(Document Number)

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07/04/04--01057--009 **160.00

EFFECTIVE DATE:
07/04/04

FILED
2004 JUL -9 AM 9:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED
2004 JUL -9 AM 9:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: DANFORTH DEVELOPMENT, 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:
(NOTE: PLEASE INCLUDE CERTIFIED COPY AND CERTIFICATE OF STATUS)

CAMILLA M. DWENS
(Name of Person)

DANFORTH DEVELOPMENT L.L.C.
(Firm/Company)

15440 ALDAMA CR.
(Address)

PORT CHARLOTTE, FL 33981
(City/State and Zip Code)

For further information concerning this matter, please call:

M. ^{JOSEPH} DEVES at (719) 209-3469
(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

FILED
2004 JUL -9 AM 9:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

DANFORTH DEVELOPMENT, L.L.C.

EFFECTIVE DATE

07/04/04

ARTICLE II - Address:

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

Principal Office Address:

15440 ALDAMA CR.
PORT CHARLOTTE, FLA, 33981

Mailing Address:

15440 ALDAMA CR.
PORT CHARLOTTE, FLA
33981

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

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

CAMILLA M. OWENS

Name


15440 ALDAMA CR.

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

PORT CHARLOTTE FLORIDA, 33981

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

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2004 JUL -9 AM 9:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>PRESIDENT/MANAGER</u>	<u>CAMILLA M. OWENS</u> <u>15440 ALDAMA ER.</u> <u>PORT CHARLOTTE, FLA. 33981</u>
<u>MANAGING DIRECTOR</u> <u>(MANAGING MEMBER)</u>	<u>M. JOSEPH DEVES</u> <u>15440 ALDAMA CR.</u> <u>PORT CHARLOTTE FLA 33981</u>
_____	_____
_____	_____

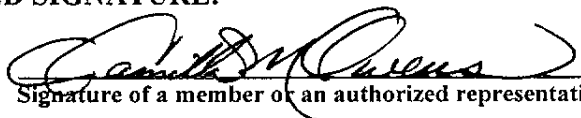
ARTICLE V

(Use attachment if necessary)

THE EFFECTIVE DATE OF THIS LIMITED LIABILITY COMPANY SHALL BE JULY 4TH, 2004

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.)

CAMILLA M. OWENS

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)