

L040000 64441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

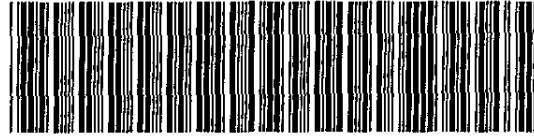
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/31/04
cust

D & T Enterprise, Ltd. Co.

**6531 Turtle mound Road #3
New Smyrna Beach, FL 32169
386-427-1794 off/fax**

August 27, 2004

Florida Dept. of State
Registration Section
Po Box 6327
Tallahassee, Florida 32314

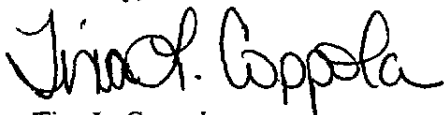
RE: Articles of Organization

To Whom It May Concern:

Enclosed please find the necessary paperwork for filing of Articles of Organization. Our daytime contact is as follows:

Tina L. Coppola
6531 Turtle mound Rd. #3
New Smyrna Beach, FL 32169
386-427-1794 off/fax
386-566-9831 cell

Sincerely,



Tina L. Coppola
Managing Member

TLC

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D + T ENTERPRISE, Ltd. 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:

Tina Coppola
(Name of Person)

D + T ENTERPRISE, Ltd. Co.
(Firm/Company)

6531 TURTLE MOUND RD. #3
(Address)

New Smyrna Beach, FL 32169
(City/State and Zip Code)

SECRETARY OF
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Tina Coppola at (386) 427-1794
(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

D & T ENTERPRISE, Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

6531 TURTLEMOUND Rd.
NEW SMYRNA BEACH
FLORIDA 3216

Mailing Address:

6531 TURTLEMOUND Rd.
NEW SMYRNA BEACH
FLORIDA 32169

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

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

TINA L. COPPOLA
Name

6531 TURTLEMOUND RD.
Florida street address (P.O. Box NOT acceptable)

NEW SMYRNA BEACH FLORIDA 32169
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..

Tina L. Coppola
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

DENNIS A. COPPOLA
6531 TURTLEMOUND RD.
NEW SMYRNA BEACH, FL 32169

MGRM

TINA L. COPPOLA
6531 TURTLEMOUND RD.
NEW SMYRNA BEACH, FL 32169

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

Tina L. Coppola
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.)

TINA L. COPPOLA
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)