

L04000073131

(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



100041553461

10/07/04--01027--014 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT - 7 AM 11:21

FILED

L04-73131
al

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAN SPICER, 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:

DANNY SPICER

(Name of Person)

DAN SPICER, LLC

(Firm/Company)

1906 N Mobile Villa Dr

(Address)

Lutz FL 33549

(City/State and Zip Code)

For further information concerning this matter, please call:

DANNY SPICER

(Name of Person)

at (813) 477-4472

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT -7 AM 11:21

FILED

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:

Dan Spicer, LLC

ARTICLE II - Address:

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

Principal Office Address:

Danny Spicer

Mailing Address:

1906 N Mobile Villa Dr

Lutz FL 33549

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

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

Danny Spicer

Name

1906 N Mobile Villa Dr

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

Lutz FL 33549

FLORIDA

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT - 7 AM 11:21

FILED

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..

X Danny Spicer

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

MGR

Name and Address:

DANNY SPICER

1906 N Mobile Villa Dr

Lutz FL 33549

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X Danny Spicer

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.)

DANNY SPICER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT -7 AM 11:21

FILED

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)