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TRANSMITTAL LETTER

Registration Section

Tallahassee, Florida 32399

TO:

Division of Co	porations				
SUBJECT: David Ha	rt Services LLC				
Sobblect.	(Name of Limited	d Liability Com	ipany)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for fili	ing.		
Please return all corresp	ondence concerning this matte	r to the following	ng:		
Peter Ce		<u></u>			
	(1	Name of Person)			
Peter P Cerar CPA					
	- (1	Firm/Company)			
908 Long B	each Blvd			William & Tomas	
<u> </u>		(Address)			<u></u>
Surf (City NJ 08008			EEGRETARY	
	(City)	State and Zip Co	de)	<u> </u>	2 ∰
For further information	concerning this matter, please	call:		ST S	
Peter Cerar		at (609	494-5677		
(Name	of Person)	(Атеа С	ode & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:				
7 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified Co	Filing Fee & opy oy is enclosed)	□ \$160.00 Filing Certificate of Statu Certified Copy (additional copy is encl	ıs &
Regisi Divisi	ET ADDRESS: tration Section on of Corporations Gaines Street		MAILING A Registration S Division of Co P.O. Box 632	Section orporations	

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

David Hart Services LLC	The state of the s
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4992 Tucumcari Trail	P O Box 17007
Sarasota FL 34241	Sarasota FL 34276
ARTICLE III - Registered Agent, Register The name and the Florida street address of the David Hart	M _O
	ame To
143	
4992 Tucumcari Trail	8 شر د درو ا
Florida stree	t address (P.O. Box NOT acceptable)
Sarasota	FL 34241
City, Sta	ate, 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, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	David Hart
	4992 Tucumcari Trail
	Sarasota FL 34241
A Committee of the Comm	
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(Use attachment if necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	88 ±
REQUIRED SIGNATURE:	ં ઇ તે મુખ્ય
~	
- Dan	ll Harr 頭 e
Signature of a m	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
David Hart	i i i i i i i i i i i i i i i i i i i
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)