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	2004 OCT 29 P 3: 54
	SECRETARY OF STATE SECRETARY OF STATE (Requestors Name) (Requestors Name)
**	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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## TRANSMITTAL LETTER

FILED

TO: Registration Section

Division of Corporations

DyE55 InvEstment Group,
(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:

3 ohnathan BRYAN DYESG (Name of Person) (Firm/Company) 2719 Sundance CTRC/E (Address) Mulberry, FL 33860
(City/State and Zip Code)

For further information concerning this matter, please call:

Schaefer Hearner Schaere at (863) 370-9047

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ADTICI ECOEODCANIZATIÓN EOD	LIFED
REFICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY  2004 OCT 29 P 3: 54
ARTICLE I - Name: The name of the Limited Liability Company	SEURFTA DV -
DyESS Investment	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2719 Sundance Craele Mulberry, FL 33860	2719 Sundance Circle Mulberry, FL 33860
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
The name and the Florida street address of t	the registered agent are:
HEATHER S	Sehaffer Schaffer
	et address (P.O. Box NOT acceptable)
Mulhera	7 4 FL 33860

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- Manage	r(s) or Managi	ng Member(s):			
The name and address of	each Manager	or Managing Memb	er is as follo	ws:	FILED
Title:		Name and Addre	ss:		
"MGR" = Manager "MGRM" = Managing M	<b>l</b> ember		·	7004	OCT 29 P 3: 5
MLOR	. <del>-</del>	30hnathan	BRYAN	Dy <i>ESS</i> ^LLA	RETARY OF STATE HASSEE, FLORID
		MULDERRY		!IRL E 860	
MGRM	·	HEATHER	Schare	ER.	-
		2715 SM	Idanee , FL 33.	PLACE BLO	
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(Use attachment if necess	sarv)				
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NOTE: An additional a	irticle must be	added if an effectiv	ve date is re	quested.	
REQUIRED SIGNATU	RE:				
	7	1/20			
Signatur	re of a member or	an authorized represe	entative of a n	iember.	
of this d	rdance with section ocument constitute e facts stated herei	n 608.408(3), Florida Sta s an affirmation under th n are true.)	atutes, the exec he penalties of	cution perjury	

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)