

W04/0000085575

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

DIVISION OF CORPORATION

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RECEIVED

LIMITED LIABILITY COMPANY

Darryl Christian Mobil Home Service of FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
Darryl Christian Mobil Home Service of FL LLC

ARTICLE II ADDRESS

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

27269 Guapore

Punta Gorda, FL 33983

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE

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

Darryl Christian

27269 Guapore

Punta Gorda, FL 33983

Having been named as registered agent 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..


DARRYL CHRISTIAN/Registered Agent's SignatureSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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ARTICLE V MEMBERS (optional)

Managing Member:

Tracy Fleming

27269 Guapore

Punta Gorda Florida 33983



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.

TRACY FLEMING

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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