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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO:

Ø

Registration Section Division of Corporations

SUBJECT: DAG-RE & Associates, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

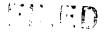
Please return all correspondence concerning this matter to the following:

Kristina i	M. Cardwell			
	()	Name of Person	)	
Premier Law Group				
	(	Firm/Company)		
477 Viking [	Orive, Suite 150			
<del></del>		(Address)		
Virgin	nia Beach, Virginia 23452			
<del></del> -	(City)	State and Zip C	ode)	
For further information of	concerning this matter, please	call:		
Kristina M. Cardwell		at (_757	) 486-8700	
(Name	of Person)	(Area (	Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:			
■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & copy py 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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY $_{0.5}$

ARTICLE I - Name: The name of the Limited Liability Company is:	W. Marke and Red Ma
DAG-RE & Associates, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2400 South Ocean Drive	2400 South Ocean Drive
Ft. Pierce, Florida 34949	Ft. Pierce, Florida 34949
ARTICLE III - Registered Agent, Registered  The name and the Florida street address of the re  Steve Patterson	, , ,
Name	<del></del>
2400 South Ocean Drive	
Florida street add	ress (P.O. Box NOT acceptable)
Ft. Pierce, FL 34949	FL
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity	his certificate, I hereby accept the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and

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)

The name and address of each Man	inaging Member(s): ager or Managing Member is as follow	vs:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	774037 P # 05
MGRM	Donald H. Gruhl 10737 Birch Bluff Avenue San Diego, California 92131	The state of the
MGRM	Anna M. Gruhl 10737 Birch Bluff Avenue San Diego, California 92131	
(Use attachment if necessary)		
NOTE: An additional article mu	st be added if an effective date is req	uested.
(In accordance with of this document corthat the facts stated	ber or an authorized representative of a measurement of a measurement of the section 608.408(3), Florida Statutes, the executatitutes an affirmation under the penalties of printed name of signee	ition
Filing Fees:		

Page 2 of 2

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