

LD50000 11306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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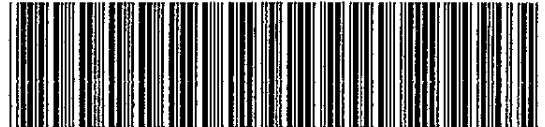
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

2/3  
mist

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*William R. DeHart*

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6461 Longlake Drive  
Port Orange, Florida 32128-7188

01/25/05

William R. DeHart  
6461 Longlake Drive  
Port Orange, Florida 32128

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
(850)245-6051

Dear Sir/Madam:

This is my first time in attempting to incorporate fully on my own. I am using the tools you provided on the Internet and hopefully have understood everything correctly.

Please call me at your earliest convenience if I have messed it up as I hope to start working under this entity as soon as possible. I understand I must have this processed before I can proceed with an EIN/FEIN.

Sincerely,

  
William R. DeHart

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Email: BdeHar@aol.com

Home #386-760-0143

Cell #386-290-8035

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DeHart 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:

William R. DeHart  
(Name of Person)

DeHart Associates, LLC  
(Firm/Company)

6461 Longlake Drive  
(Address)

Port Orange, Florida 32128  
(City/State and Zip Code)

For further information concerning this matter, please call:

William R. DeHart at ( 386 ) 290-8035  
(Name of Person) (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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DeHart Associates, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

6461 Longlake Drive  
Port Orange, Florida 32128

#### Mailing Address:

6461 Longlake Drive  
Port Orange, Florida 32128

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

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

William R. DeHart

Name

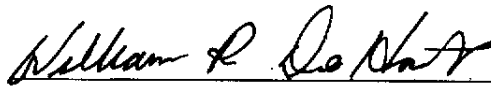
6461 Longlake Drive

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

Port Orange, FL 32128

City, State, 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)

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**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

**Name and Address:**

MGRM (60%)

William R. DeHart

6461 Longlake Drive

Port Orange, Florida 32128

MGRM (40%)

Linda B. DeHart

6461 Longlake Drive

Port Orange, Florida 32128

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
**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.)

WILLIAM R. DEHART  
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)

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TALLAHASSEE, FLORIDA