

# L050000/4497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Name  
Availability

Document  
Examiner DCC

Updater DCC Office Use Only

Updater  
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



200045703942

02/07/05--01061--027 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 FEB -7 P 2:59

FILED

Date: January 28, 2005

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: DENIS PROPERTY MANAGEMENT, LLC  
Name of Limited Liability Company

Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization.

The payment represents the fees for filing and for a Certificate of Status.

Please send all correspondence concerning this matter to the address below. Thank you.

Very truly yours,

  
Dale Denis

MAILING ADDRESS

5064 Keysville Avenue  
Spring Hill, FL 34608  
(352)683-2625

2005 FEB -7 P 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1- Name:**

The name of the Limited Liability Company is:

**DENIS PROPERTY MANAGEMENT, LLC**

**ARTICLE II- Address:**

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

**Principle Office Address:**

5064 Keysville Avenue  
Spring Hill, FL 34608

**Mailing Address:**

5064 Keysville Avenue  
Spring Hill, FL 34608

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Dale P. Denis**  
5064 Keysville Avenue  
Spring Hill, FL 34608

*Having been named as registered agent and to accept service of process for the above state 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..*

2005 FEB 10 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV – Manager(s) and 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**

**Dale P. Denis  
5064 Keysville Avenue  
Spring Hill, FL 34608**

**MGRM**

**Ann Marie Denis  
5064 Keysville Avenue  
Spring Hill, FL 34608**

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

**REQUIRED SIGNATURE:**

*Dale  
Denis*

**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.)

*Dale P. Denis*

**Name of signee**

**FILED**  
2005 FEB -7 P 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)