

L05000020541

(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:

Office Use Only



100047113041

02/25/05 10:02:00 AM *123 00

FILED

2005 FEB 25 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4p

LR 03/02/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRC HOLDINGS 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:

DORIS CAMPBELL
(Name of Person)

DRC HOLDINGS LLC
(Firm/Company)

11325 NW 42 TERRACE
(Address)

DORAL FL. 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

DORIS CAMPBELL at (786) 423-1100
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED
2005 FEB 25 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DRC HOLDINGS LLC

ARTICLE II - Address:

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

Principal Office Address:

11325 NW
42 TERRACE
DORAL, FL. 33178

Mailing Address:

11325 NW
42 TERRACE
DORAL, FL. 33178


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

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

DORIS CAMPBELL
Name
11325 NW 42 TERRACE
Florida street address (P.O. Box **NOT** acceptable)
DORAL, FLORIDA 33178
City, State, and Zip

FILED
2005 FEB 25 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Florida Statutes..


Registered Agent's Signature

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:

MGR

Doris Campbell
11325 NW 42 TERRACE
DORAL FL 33178

MGRM

DAMION CAMPBELL
11325 NW 42 TERRACE
DORAL, FL 33178

(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.)

DAMION R. CAMPBELL

Typed or printed name of signee

FILED
2005 FEB 25 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)