

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : 120010000215 Phone : (904)777-1533

Tax Number

: (904)777-1717

LIMITED LIABILITY COMPANY

DLR, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: DLR, LLC

ARTICLE II. ADDRESS:

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

1157 Lenox Avenue #1211 Jacksonville, FL 32205

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED SAGENT'S SIGNATURE:

The name and Florida street address of the registered agent are: Darren Respess, MGR.
1157 Lenox Avenue #1211
Jacksonville, FL 32205

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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.

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(cs) of each Manager or Managing Member is as follows:

Title: MGR. Name and Address:
Darren Respess
1157 Lenox Avenue #1211
Jacksonville, FL 32205

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REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this ______ day of _______, 2005

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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TALLAHASSEE, FLORIDA