

L05000023163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

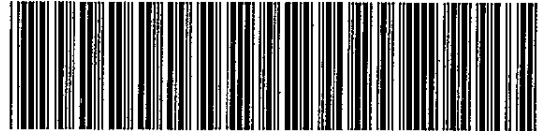
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800047710128

03/07/05--01041--004 **125.00

FILED
05 MAR -7 PM 3:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

EDWARD B. GOODRICH
RICHARD G. LEONARD
ARTHUR C. SPALDING
BRUCE W. NECKERS
ROBERT J. DUGAN
TERRENCE L. GROESSER
THOMAS P. HOGAN
JAMES M. FLAGGERT
MARY ANN CARTWRIGHT
DANIEL L. ELVE
THOMAS L. SAXE
JAMES L. SCHIFFER
LAURIE M. STRONG
GREGORY G. TIMMER
STEPHEN A. HILGER
SCOTT J. STEINER
DOUGLAS P. VANDEN BERGE
ROBERT C. SHAVER
JOHN M. LICHTENBERG
MARK E. FATUM
DAN E. BYLENGA, JR.
PAUL A. MCCARTHY
RANDY J. KOLAR
MICHAEL C. WALTON
BRUCE A. COURTADE
PETER J. LOZICKI

Rhoades McKee

attorneys and counselors

600 Waters Building, 161 Ottawa Avenue NW
Grand Rapids, MI 49503-2793

Telephone (616) 235-3500

Fax (616) 233-5269

www.rhoadesmckee.com

TODD A. HENDRICKS
MARK S. PENDERY
MARTIN W. BUSCHLE
TERRY L. ZABEL
MARY JANE RHOADES
CONNIE R. THACKER
DAVID E. BEVINS
DAVID A. DIMUZIO
PATRICK R. DRUEKE
MARY L. TABIN
PAMELA J. FARRER
ANTHONY A. PEARSON
ERIC R. STARCK
MICHELLE M. WILSON
ERIC G. LANNING
LARISSA D. HOLLINGSWORTH
MATTHEW E. SEYFFERT
KELLY M. CLUM-MATTHYSSE
MATTHEW B. VAN DYK

OF COUNSEL
DALE W. RHOADES
F. WILLIAM MCKEE
ROGER W. BOER
CHARLES T. ZIMMERMAN
ROBERT F. WILLIAMS

March 2, 2005

State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: DAS, LLC

Gentlemen:

Enclosed please find Articles of Organization and Mr. Seekell's check for \$125.00 for registration fees along with his Transmittal Letter.

If you have any questions, please feel free to call me.

Very truly yours,

RHOADES McKEE



Edward B. Goodrich

Enc.

Cc: Donald A. Seekell

FILED
05 MAR -7 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAS, 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:

Donald A. Seekell
(Name of Person)

(Firm/Company)

5985 Trailwinds Dr, Unit 1212
(Address)

Ft. Myers, FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald A. Seekell at (239) 938-9945
(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 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

STATE
TALLAHASSEE, FLORIDA

05 MAR - 7 30 PM '93

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAS, LLC

ARTICLE II - Address:

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

Principal Office Address:

5985 Trailwinds Dr, Unit 1212
Ft. Myers, FL 33907

Mailing Address:

5985 Trailwinds Dr, Unit 1212
Ft. Myers, FL 33907

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

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

DONALD A. SEEKELL

Name

5985 Trailwinds Dr, Unit 1212

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

Ft. Myers

FL

33907

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..

x 
Registered Agent's Signature
Donald A. Seekell

(CONTINUED)

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

Donald A. Seekell

5985 Trailwinds Dr, Unit 1212

Ft. Myers, FL 33907

(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.)

Donald A. Seekell

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR -7 PM 3:43

FILED

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)