105000053596

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies		
Special Instructions to Filing Officer:		





600054523746

05/23/05--01022--017 **125.00

05-53596 Al

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Desting Creation (Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
M. Yegge	Name of Person)	
	Name of Person)	
()	Firm/Company)	
_ 2840 West 324 D	ere #182	
	(Address)	
Bellear Bluffs,	FL 33770	
(City/	State and Zip Code)	
For further information concerning this matter, please	call:	
W Yegge (Name of Person)	at (727) 692- (Area Code & Daytime Te	6475
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		-1 2
\$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
CTDFFT ADDDFCC.	MATE INC. A	nnnree.

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Destry Creation, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Z840 W. Bay Drive #182 Bellezir Bluffs, FL 33770 Bellezir Bluffs, FL 33770
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
M. Yegge Name
2840 West Bay Drive #182 Florida street address (P.O. Box NOT acceptable)
Rellexic Bluffs FL 33770 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	M. YEGGE 2840 West Bay Durie # 192 Belline Bluffs FL 33770
MGem	A. Thomas 101 Anherst St. Beaconsfield QUEBEC, CANDDA H9W5YT
(Use attachment if necessary	7)
NOTE: An additional arti	cle must be added if an effective date is requested.
REQUIRED SIGNATURE	A desa
(In accordar of this docu	a member of an authorized representative of a member. nee with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)
	M. VE66E 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)