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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
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Certified Copies	Certificates	of Status
October 18 to 19	F O	
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

To: Registration Section Division of Corporations		
	H1, LLC Limited Liability Comp	pany)
The enclosed Articles of Organizati	on and fee(s) are submi	itted for filing.
Please return all correspond	dence concerning this n	natter to the following:
	Donna F. Harrison (Name of Person)	2015
	<u>DFH1. LLC</u> (Firm/Company)	2005 JUN 20 PM 1: 52 2007 JUN 20 PM 1: 52 ON ALLAHASSEE, FLORIDA
	PO Box 722 (Address)	PORATIONS FLORIDA
	<u>Destin, FL 32540</u> y/State and Zip Code)	
For further information concerning	this matter, please call:	
Donna F. Harrison (Name of Person)	at <u>850-267-9582</u> (Area Code & Da	ytime Phone 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: DFH1, 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:

296 Stahlman Destin, FL 32541 PO Box 722 Destin, FL 32540

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature The name and the Florida street address of the registered agent are:

Donna F. Harrison Name

296 Stahlman
Florida street address (P.O. Box NOT acceptable)

Destin, FL 32541 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 registered agent as provided for in Chapter 608, Florida Statutes..

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:

Title:

"MGR" – Manager

"MGRM" – Managing Member

MGRM

Donna F. Harrison

PO Box 722

Destin, FL 32540

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.)

Donna F. Harrison

Typed or printed name of signee