

LD5000074161

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

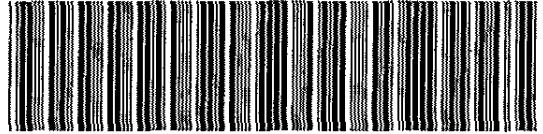
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DIVISION OF CORPORATIONS  
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Clark & Clark Income Tax Service  
228 S. Courtenay Parkway, Suite 2  
Merritt Island, FL 32952

*REGISTRATION SECTION*  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

## TRANSMITTAL LETTER

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS

SUBJECT: DDS INVESTMENTS LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

DENNIS C SCHERMOCK  
DDS INVESTMENTS LLC  
504 S MIRAMAR STREET  
INDIALANTIC, FL 32903

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

DENNIS C SCHERMOCK (321 ) 722-2502

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

<input type="checkbox"/> \$125.00 FILING FEE	<input type="checkbox"/> \$130.00 FILING FEE & CERTIFICATE OF STATUS	<input checked="" type="checkbox"/> \$155.00 FILING FEE & CERTIFIED COPY*	<input type="checkbox"/> \$160.00 FILING FEE CERTIFICATE OF STATUS & CERTIFIED COPY*
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\*(ADDITIONAL COPY ENCLOSED)

### STREET ADDRESS:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
409 E. GAINES STREET  
TALLAHASSEE, FL 32399

### MAILING ADDRESS:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

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

**ARTICLE 1- NAME**

**THE NAME OF THE LIMITED LIABILITY COMPANY IS:**

**DDS INVESTMENTS 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**

504 S MIRAMAR STREET  
INDIALANTIC, FL 32903

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

DENNIS SCHERMOCK

504 S MIRAMAR STREET

INDIALANTIC, FL 32903

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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

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

**TITLE:**

"MGR"= MANAGER

"MGRM"= MANAGING MEMBER

**NAME & ADDRESS**

MGR

DENNIS SCHERMOCK  
504 S MIRAMAR STREET  
INDIALANTIC, FL 32903

MGRM

ROBERT K DUNCAN  
385 PENTLAND DR  
MELBOURNE BEACH FL 32951

MGRM.

CAROLYN H DUNCAN  
385 PENTLAND DR  
MELBOURNE BEACH FL 32951

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NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

**REQUIRED SIGNATURE:**

x 

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.)

DENNIS SCHERMOCK  
TYPED OR PRINTED NAME OF SIGNED

**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)