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PICK-UP	□ v	VAIT	MAIL
(Bu	usiness E	ntity Name)	
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Certified Copies	_ Ce	rtificates of	Status
Special Instructions to	Filing Off	icer:	
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V P. Verifyer	DCC		



08/12/05--01048--002 **160.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Daly Books	s LLC	
(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:	
Mary Lou Da	Name of Person)	
Daly Books	Firm/Company)	
416 E. Woodha	aven Drive (Address)	
	(Address)	•
Ponte Vedra Bea (City)	Ach, FL 32082 State and Zip Code)	
For further information concerning this matter, please	call:	
Mary Lou Daly (Name of Person)	at (904) 273- (Area Code & Daytime Te	451Z elephone Number)
Enclosed is a check for the following amount:		705 705 705
\$125.00 Filing Fee \$\square\$ \$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 is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING APPROXIMATION SET IN THE PROPERTY OF CONTROL OF	ection ————————————————————————————————————
Tallahassee, Florida 32399	Tallahassee, F	lorida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Daly Books 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: 416 E. Woodhaven Drive 416 E. Woodhaven Drive
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 416 E. Woodhaven Drive 416 E. Woodhaven Drive
416 E. Woodhaven Drive 416 E. Woodhaven Drive
Ponte Vedra Beach, FL 32082 Ponte Vedra Beach, FL 32082
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Mary Lou Daly Name
Florida street address (P.O. Box NOT acceptable)
Porte Vedra BeachFL 32082 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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mary Low Daly 416 E. Woodhawn Dr Ponte Vedra Beach, FL 32082
<u> </u>	
	•
This is a member-m (Use attachment if necessary)	anaged LLC.
NOTE: An additional article must l	oe added if an effective date is requested.
REQUIRED SIGNATURE:	

(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.)

Mary Lou Daly
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)

S 5.00 Certificate of Status (Optional)