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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 606367 7139625

AUTHORIZATION :

*Patricia Pajaro*

COST LIMIT : \$ 125.00

ORDER DATE : September 20, 2005

ORDER TIME : 2:51 PM

ORDER NO. : 606367-005

CUSTOMER NO: 7139625

CUSTOMER: Ms. Jody Petras  
Schnader Harrison Segal &  
Lewis  
Suite 2700, Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222

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DOMESTIC FILING

NAME: DACOUR PARTNERS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

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

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DACOUR Partners, LLC**ARTICLE II - Address:**

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

Principal Office Address:10752 Maple Chase DriveBoca Raton, FL 33498Mailing Address:10752 Maple Chase DriveBoca Raton, FL 33498**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

David Coury

Name

10752 Maple Chase DriveFlorida street address (P.O. Box NOT acceptable)Boca RatonFLORIDA 33498

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, Florida Statutes..*


  
Registered Agent's Signature

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

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

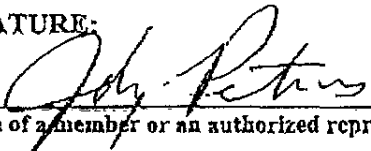
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MemberRon Dable19101 Streamside CourtBoca Raton, FL 33498MemberDavid Coury10752 Maple Chase DriveBoca Raton, FL 33498

(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.)

By: Jody Petras, authorized representative

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)