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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone) #)
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SI.CRETARY OF STATE

J. Shivers SEP 30 2005

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ECT: Denny	& Associates LLC			
			i Liability Company)	The state of the s	
The en	closed Articles of	f Organization and fee(s) are su	abmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
		Shekina Denny			
		(I	Name of Person)		-
	Denny &	Associates LLC			_
		(1	Firm/Company)		
	14013 Ha	alstead Court, Ap	 		
			(Address)		
	Tampa, F		0	· · · · · · · · · · · · · · · · · · ·	
		(City)	State and Zip Code)		ALD!
For fur	ther information	concerning this matter, please	call:		HAN A
Shel	kina Denny	•	at (813) 631-8	434	SLUBFTARY OF SIAIF
	(Name	of Person)	(Area Code & Daytime	Telephone Number)	FLO
Enclos	sed is a check fo	or the following amount:			PIC S
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addi Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Denny & Associates LLC	
(Most end with the words "Limbed Liebthy Company,	"Limited Company" or first abbreviation "LLC," or "L.C.")

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

ARTICLE II - Address:

Mailine Address:

14013 Halstead Ct.	PMB 205
APT 305	2780 E. Fowler Ave
Temps, FL 33613	Tampa, FL 33612

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limitity Company second serve as its own Regimered Agent. You seem designate an individual or mather business early with an active Florido regimenties)

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

NRAI	Services, In	i¢.			
		Name			_
2731	Executive	Park Dri	ve, Su	ille 4	
). Box <u>NOT</u> accept	
	¥	Veston,	FL	33331	
	¢	ty, 3 1966 , s	ted Zip		_

Having been named as registered agent and to accept service of process for the above stated limited liability campany at the place designated in this certificate, I hereby occupt the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standes 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..

femi's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

113 CODD 3 C	Name and Add	ress:
"MGR" = Manager	na Massikan	
"MGRM" = Manag	ng Memoer	
MGR	Shekina Denny	
	14013 Halstead C	ourt, Apt 305
	Tampa FL 3361	
MGRM	Lisa Denny	
•	14013 Halstead (Court, Apt 305
	Tampa, FL 33613	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

(Use attachment if a	e, if other than the date of filing:	. (OPTIONAL
CLE V: Effective dat	e, if other than the date of filing:, the date must be specific and cannot of filing.)	. (OPTIONAL t be more than five business days
CLE V: Effective date if listed date days after the date REQUIRED SIGN	e, if other than the date of filing:, the date must be specific and cannot of filing.)	t be more than five business days
CLE V: Effective date of the control	e, if other than the date of filing: the date must be specific and cannot of filing.) ATURE:	esentative of a member. Statutes, the execution
CLE V: Effective date of the control	e, if other than the date of filing: the date must be specific and cannot of filing.) ATURE: gnature of a member or an authorized representation and this document constitutes an affirmation under this document constitutes an affirmation under the date of filing:	esentative of a member. Statutes, the execution
CLE V: Effective date of the control	the date must be specific and cannot of filing.) ATURE: accordance with section 608.408(3), Florida this document constitutes an affirmation under that the facts stated herein are true.)	resentative of a member. Statutes, the execution er the penalties of perjury
CLE V: Effective date if listed days after the date REQUIRED SIGN Sign	the date must be specific and cannot of filing.) ATURE: accordance with section 608.408(3), Florida this document constitutes an affirmation under that the facts stated herein are true.) Shekina Denny	resentative of a member. Statutes, the execution er the penalties of perjury
CLE V: Effective date of the control	the date must be specific and cannot of filing.) ATURE: accordance with section 608.408(3), Florida this document constitutes an affirmation under that the facts stated herein are true.) Shekina Denny	resentative of a member. Statutes, the execution er the penalties of perjury

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)