

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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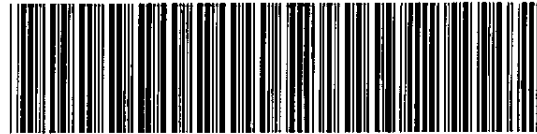
(Business Entity Name)

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05 OCT 24 AM 11:46

STATE OF FLORIDA
COUNTY OF ALACHUA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

de Block, LLC

FILED
05 OCT 24 PM 4:05
TALLAHASSEE, FLORIDA

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ☒ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ___ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval

Signature

Requested by:

WL 10/24 11:00

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION
FOR
de BLOCK, LLC
A FLORIDA LIMITED LIABILITY COMPANY

05 OCT 24 PM 1:05
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I-Name:

The name of the Limited Liability Company is: **de BLOCK, LLC**

ARTICLE II-Address:

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

**34465 Cedarfield Drive
Dade City, Florida 33523**

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Dorseda de Block
34465 Cedarfield Drive
Dade City, Florida 33523**

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.



DORSEDA de BLOCK

ARTICLE IV-Management

Member-Managed

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

ARTICLE V- Managing Members(s):

The name and address of each of the Managing Members are as follows:

Title:

Name and Address:

MGRM

Rudy de Block
34465 Cedarfield Drive
Dade City, Florida 33523

MGRM

Dorseda de Block
34465 Cedarfield Drive
Dade City, Florida 33523

ARTICLE VI-Effective Date:

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

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.



DORSEDA de BLOCK,
Managing Member

Date: 10/20/05

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

de BLOCK, LLC

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

**Dorseda de Block
34465 Cedarfield Drive
Dade City, Florida 33523**

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

10/20/05
Date



DORSEDA de BLOCK