## 104000008663

David Lew 5 (Requestor's Name)
1801 Palmview RD (Address)
Cotton da le, Fla. (Address)
32431 850-352-29 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) (Document Number)
Certificates of Status
. Special Instructions to Filing Officer:
Office Use Only



800063851008

01/25/06--01017--024 \*\*125.00

OWISES OF TORATIONS AND A STORATION OF THE ORIGINAL AND A STOR

JAN 25 PM 12: 09 REC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	Name:			
The name of the	e Limited Liability Company is	:		
	David Lewis	L.L.C.	<del>_</del>	
ARTICLE II - The mailing add	Address: dress and street address of the p	orincipal office of the Lim	ited Liability Con	npany is:
Principal Offic	ce Address:	Mailing Addre	<u> </u>	
1801/	Palm view Rd	Sam	e	
Cottond	ale, Fla.			· -
<u> </u>	32431		·	
	Name 1801 Palm View			2006 JAN 25 PM 12: 09 SECTIFIANT OF STATE
	3243/ City, State,	FLORIDA and Zip	. <u>=</u>	

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

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Daviel Lawis 1801 Palmuiew Rd Cottondale, Fla. 324	<u> </u>
<del></del>	<u></u>	<del></del>
•		
		<u> </u>
		<u> </u>
		TA   28
(Use attachment if necessary)		LCRE
		2006 JAN 25 SEURETARY MALLAHASSE
NOTE: An additional article mus	t be added if an effective date is requested.	E 유

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.)

Typed or printed name of signee

## 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)