

L06000018782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

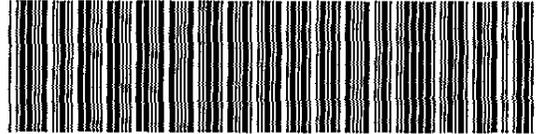
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200062519852

02/17/06--01011--009 **72.50

01/04/06--01058--010 **52.50

FILED
06 FEB 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB 21 2006

COVER LETTER

TO: Attn: Neysa
Registration Section
Division of Corporations

SUBJECT: D & B Lengacher LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Lengacher
(Name of Person)

(Firm/Company)

800 Dell Rio Way
(Address)

Merritt Island, FL 32953
(City/State and Zip Code)

For further information concerning this matter, please call:

David Lengacher at (321) 615 - 0650
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2006

DAVID LENGACHER
800 DELL RIO WAY
TITUSVILLE, FL 32953

SUBJECT: D & B LENGACHER LIMITED PARTNERSHIP
Ref. Number: W06000000719

We have received your document for D & B LENGACHER LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

The additional filing fee is \$947.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 006A00001115

*File
cc*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D & B Lengacher LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

800 Dell Rio Way
Merritt Island, FL 32953

800 Dell Rio Way
Merritt Island, FL 32953

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David Lengacher
Name

800 Dell Rio Way
Florida street address (P.O. Box **NOT** acceptable)

Merritt Island, FL 32953
City, State, and Zip

FILED
06 FEB 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

David Lengacher
Registered Agent's Signature (REQUIRED)

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:

MGRM

David Lengacher
800 Dell Rio Way
Merritt Island, FL 32953

MGRM

Barbara Lengacher
800 Dell Rio Way
Merritt Island, FL 32953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

David Lengacher
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.)

David Lengacher
Typed or printed name of signee

FILED
06 FEB 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)