

L06000032753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

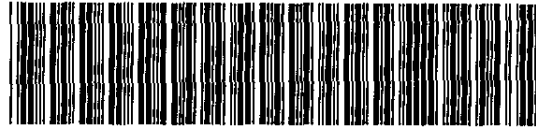
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400068155144

03/29/06--00019--011 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
06 MAR 29 AM 10:26

WLO 3/29/06

05 MAR 29 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

3/29/06

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Developing Entrusted Capital Counseling 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:

Tara Echevarria  
(Name of Person)

Developing Entrusted Capital Counseling LLC  
(Firm/Company)

223 W. 18<sup>th</sup> St  
(Address)

Jacksonville Florida 32206  
(City/State and Zip Code)

06 MAR 29 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tara Echevarria at (904) 475-9417  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Developing Entrusted Capital Counseling 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:**

223 W. 18<sup>th</sup> Street  
Jacksonville FL, 32206

P O Box 350944  
Jacksonville FL 32235

**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:

Tara Echevarria  
Name

223 W. 18<sup>th</sup> Street  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32206  
City, State, and Zip

06 MAR 29 AM 10:26  
FILED  
TARA EHEVARRIA  
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.*

Tara Echevarria  
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

Dwigan Copes  
6346 Reelment Rd  
Jacksonville, FL 32277

MGR

Tara Echevarria  
223 W. 18<sup>th</sup> Street  
Jacksonville FL, 32206

MGRM

Ebony T. Cullens II  
8201 Kona Ave # D268  
Jacksonville FL, 32211

mGRM

Tearany D. Cullens  
8201 Kona Ave # D268  
Jacksonville FL, 32211

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3-29-06 (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:**

Tara Echevarria  
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.)

Tara Echevarria  
Typed or printed name of signee

06 MAR 29 AM 10:26  
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)