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SECRETARY OF STATE

ATTORNEYS' TITLE THE WAY PRESENTED TO SERVICE STATE OF SERVICE STATE STATE STATE STATE STATE STATE STATE STA 1965 Capital Circle NE, Suite A Address Tallahassee, FI 32308 850-222-2785 City/St/Zip CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1- DENNIS B, LLC 2-X Walk-in Pick-up time ASAP XXX Certified Copy Mail-out Will wait Photocopy XXX Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Non-Profit Resignation of R.A., Officer/Director XXX Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	•
Dennis B. 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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1037 N. Halifax Drive	P.O. Box 231
Ormond Beach, FL 32176	Ormond Beach, FL 32175
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
Dennis M. Buckley	
Name	5
1037 N. Halifax Drive	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Ormond Beach	FL 32176
City, State, ar	d Zip
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as 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..

Registered Agent's Signature (REQUIRE)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Dennis M. Buckley 1037 N. Halifax Drive Ormond Beach, FL 32176 (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:** 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.) Dennis M. Buckley Typed or printed name of signee

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)