

LO6000058518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200073120912

05/04/06--01035--009 **155.00

EFFECTIVE DATE

04-28-06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -11 AM 11:59

WOL6-22274

B. McKnight JUN 08 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.L. Services, 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:

D.L. Services, LLC
(Name of Person)

(Firm/Company)

1380 Ann Ave
(Address)

DeLeon Springs FL 32130
(City/State and Zip Code)

For further information concerning this matter, please call:

David Lee Wilson at (386) 985-1071
(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

May 15, 2006

D.L. SERVICES, LLC
1380 ANN AVE
DELEON SPRINGS, FL 32130

SUBJECT: D.L. SERVICES, LLC
Ref. Number: W06000022274

We have received your document for D.L. SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of 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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 506A00034094



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2006

D.L. SERVICES, LLC
1380 ANN AVE
DELEON SPRINGS, FL 32130

SUBJECT: D.L. SERVICES, LLC
Ref. Number: W06000022274

We have received your document for D.L. SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 4, 2006. Please amend your document accordingly.

Please return the original and one copy of 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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 506A00034094

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE

04-28-06

D.L. Services, 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:

1380 Ann Ave
DeLeon Springs, FL 32130

1380 Ann Ave
DeLeon Springs, FL 32130

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 LEE WILSON JR

Name

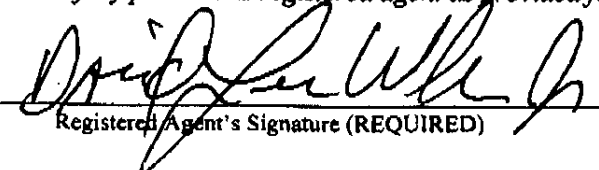
1380 ANN AVE.

Florida street address (P.O. Box **NOT** acceptable)

DELEON SPGS FL 32130

City, State, and Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -4 AM 11:59

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:

MGR

David Lee Wilson
1380 Ann Ave
DeLeon Spring, FL 32130

MGRM

Daniel Billingsley
1380 Ann Ave
DeLeon Spring, FL 32130

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-28-06. (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:


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 Lee Wilson
Typed or printed name of signer

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)