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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Son Division of Co		·		
SUBJECT: D. L. PARADERU MARKETING LLC (Name of Limited Liability Company)				
The enclosed Articles o	of Organization and fee(s) are s	submitted for filing.	•	
Please return all corresp	ondence concerning this matte	er to the following:		
DRULE	L. PARADE	AL		
	. (Name of Person)		
D.L. f	ARADEAL	MARTETING Firm/Company)	LLC:	
	((Firm/Company)		
10242 HERONWOOD LANE				
		(11441205)		
WEST	TALM BEACH	FL. 3341 /State and Zip Code)	2	
	(City	/State and Zip Code)		
For further information concerning this matter, please call:				
N=11/2 / 20	2025011	Baz	~ 7 2 2 7	
DAUD L. TA	of Person)	at (L1Z) 803 (Area Code & Daytime Te	elephone Number)	
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D.L. PARADEAU MURHETI	ME "/10"
(Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
D.L. PARADEAL MARKETI'NG 10242 HERONWOOD LANG	SAME
WEST FACE BEACK FL 33412	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the register address of the register to the register address of the register to the register address of the register address of the register to the register address of the register addr	gistered agent are: Solution Control Control
City, State, and	l Zip
liability company at the place designated in this registered agent and agree to act in this capacity.	cept 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 formance of my duties, and I am familiar with and irred agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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

Typed or printed name of signee

that the facts stated herein are true.)

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)

ECRETARY OF STATE