

L060000082916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/23/06--01001--017 **125.00

08/23/06--01001--018 **5.00

RECEIVED
06 AUG 22 PM 4:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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06 AUG 22 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANYSM

1201 Hays Street
Tallahassee, FL 32301
850-521-1000
850-521-1010(fax)

Account Number: fees prepaid - checks attached.

Client Account Number: _____

Cost Limit: _____

Authorization: _____

Contact: Lori Dunlap

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TALLAHASSEE, FLORIDA

Corporation Name(s) & Document number(s)

1) DCR BUILDERS, LLC

2) _____

3) _____

4) _____

☒ Stamped Copy

☐ Certified Copy

☒ Good Standing

Type of Filings:

New Filings	Amendment	Qualification
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Profit
<input type="checkbox"/> NFP	<input type="checkbox"/> COA	<input type="checkbox"/> NFP
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> LLC
<input type="checkbox"/> LTD	<input type="checkbox"/> Merger	<input type="checkbox"/> LTD

Other:

☐ Annual Report

☐ Fictitious Name

☐ Reinstatement

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DCR BUILDERS, 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:

4714 Mahan Drive
Tallahassee, FL 32308

Mailing Address:

4714 Mahan Drive
Tallahassee, FL 32308

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:

Bradley A. Simpson

Name

4714 Mahan Drive

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

Tallahassee FL 32308

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.

Bradley A. Simpson


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Cecil Robert Spence, Jr.

801 S.W. Alaska Way

Greenville, FL 32331

MGRM

Ricky Auston Lyons, Jr.

801 S.W. Alaska Way

Greenville, FL 32331

MGRM

Dewayne Marcel Francis

3624 Lakewood Drive

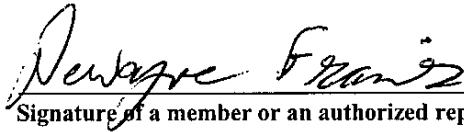
Tallahassee, FL 32304

(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.)

DEWAYNE FRANCIS

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)