

106000104621

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000261431 3)))



H060002614313ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

SBM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 26 AM 10:07

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DSA & Associates, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
06 OCT 26 PM 1:34
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **DSA & Associates, L.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:1815 Creekwood Lane1815 Creekwood LaneOrange Park, FL 32003Orange Park, FL 32003

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:


Dorothy Arnwine

Name

1815 Creekwood Lane(P.O. Box or Mail Drop Box NOT Acceptable)Orange Park, FL 32003

(City / State / 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 - Dorothy Arnwine

FILED
 06 OCT 26 AM 10:07
 SECRETARY OF STATE
 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

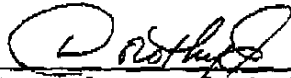
Dorothy Arnwine- 1815 Creekwood Lane, Orange Park, FL 32003

MGRM

Patrick Arnwine- 1815 Creekwood Lane, Orange Park, FL 32003

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Dorothy Arnwine

Typed or printed name of signee