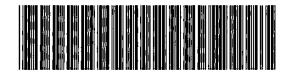
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL AHASSEF. FLORIDA

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106-15951

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DANIEL J BAILER SERVICES LLS (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:
DAWIEL J BAICER (Name of Person)
(Firm/Company)
35247 HARBIR SHORES RI) (Address) LEESBURG FL 34788
LEES BURG FL 34788 (City/State and Zip Code)
For further information concerning this matter, please call:
Enclosed is a check for the following amount: \$\frac{1}{2}\\$125.00 \text{ Filing Fee } \text{ \$\frac{1}{2}\\$130.00 \text{ Filing Fee} & \text{ \$\frac{1}{2}\\$155.00 \text{ Filing Fee} & \text{ \$\frac{1}{2}\\$160.00 \text{ Filing Fee}, \text{ \$\frac{1}{2}\\$160.00 \text{ Filing Fee}, \text{ \$\frac{1}{2}\\$Certificate of Status & \text{ \$\frac{1}{2}\\$Certificate of Status & \text{ \$\frac{1}{2}\\$Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
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:
15247 HARBOR SHORES RD LESSBURG FL 34788
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:
Daniel J. Baker Name
35247 Harbor Shoves Rd Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Leesburg FL 34788 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, E.S.
Registered Agent's Signature (REQUIRED)
Registered Agent's Signature (REQUIRED) (CONTINUED)
(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 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

EC -4 PH 1: 1

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee