# L06000121936

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:		urces, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Stanley 1	Name of Person)	ager
	D3S Reso	Firm/Company)	
	1314 Lavan	ham Cto (Address)	
<u>A</u>	popka, Fl	33712 (State and Zip Code)	<u> </u>
For further information	concerning this matter, please	call:	
Susan (Name	Zager of Person)	at (407) 620 - (Area Code & Daytime To	- 4555 elephone Number)
Enclosed is a check fo	r 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of th	Limited Liability Company is:	
DàS	Resources, LLC	
(Must end with the v "L.C.,")	ords "Limited Liability Company, "Limited Company" or their abbreviation "LLC,"	or
ARTICLE II -	Address: ress and street address of the principal office of the Limited	

Liability Company is:

Principal Office Address:

Mailing Address:

1314 Lavanham G.	1314 Lavanham G
Apopka, F1 32712	1314 Lavourham Ct. Apopka, FI 32712

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.)

ARTICLE I - Name:

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

Susan McIntyre Zager

Name

1314 Lavan ham Ct.

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

Apopka FL 32712

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 06 DFC 22 PM 1: 3

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member  MGR	Stanley Walter Zag- 1314 Lavanham (+
	Apopka, F1 32712
(Use attachment if necessary)	
CLE V: Effective date, if other than ffective date is listed, the date mus days after the date of filing.)	the date of filing: 112007 (OPTIONAL t be specific and cannot be more than five business day

\_1 = :=

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.)

Stanley Walter Zager 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)