

L07000030905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

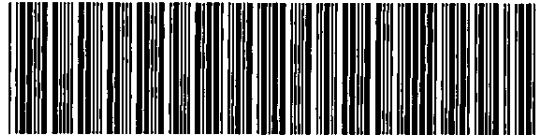
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600094193206

03/21/07--01006--002 **125.00

FILED
07 MAR 21 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Accounting
Bookkeeping
Income Taxes
Insurance
Tax Consulting

March 17, 2007.

Registration Section
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Re: DC's T's, L.L.C.

Dear Sirs;

Enclosed, please find two copies of The Articles of Organization for: **DC's T's, LLC.**

Check # 14923, in the amount of \$ 125.00 is included for Filing Fees and Registered Agent Designation.

Please process and return same to this office for further processing. Should you have any questions, please do not hesitate to contact this office.

Sincerely,

TROUP FINANCIAL SERVICES



Robert G. Troup

encl.: Articles of Organization
Check # 14923

4343 Ridgewood Ave • Suite A Port Orange, FL 32127

(386) 756-1208 • Fax (386) 761-6447

TroupFinSv@aol.com

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: **DC's T's, , LLC.**

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal officer of the Limited Liability Company is:

<u>Principal Office Address</u>	<u>Mailing Address</u>
David Castello 4 Stratford Pl Ormond Beach, FL 32174	David Castello 4 Stratford Pl Ormond Beach, FL 32174

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent is:

**David Castello
4 Stratford Pl
Ormond Beach, FL 32174**

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, Florida Statutes.



Registered Agent

**FILED
07 MAR 21 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE IV
MANAGERS OR MANAGING MEMBERS

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
General Manager	David Castello 4 Stratford Pl Ormond Beach, FL 32174

ARTICLE V
EFFECTIVE DATE

The effective date of this Limited Liability Company shall be: **The Article Filing Date**



David Castello
Member or Authorized Representative

(In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

FILED
07 MAR 21 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

David Castello

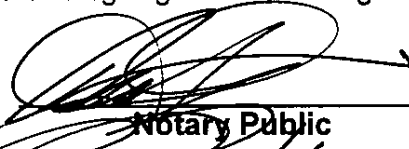
Printed Name of Signee

Before me, the aforesigned authority personally appeared, who being known to me to be **David Castello**, acknowledged that he executed the foregoing Articles of Organization and Registered Agent acceptance for **DC's T's, LLC**.

State of Florida
County of Volusia



ROBERT G. TROUP
NOTARY PUBLIC, STATE OF FLORIDA
MY Comm. Expires SEPT. 9, 2008
COMM. # DD333078



Notary Public
Date: 2/9/07