## L07000032079

(Requestor's Name)		
(Ad	ldress)	•
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
•	•	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE F. STATE

## **COVER LETTER**

TO: Registration So Division of Co				
subject: Deer	Point Laser Engra (Name of Limite	ving LLC d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	pondence concerning this matte	er to the following:		
Van M M	organ			
	······	Name of Person)	<del></del>	<del></del>
	(	Firm/Company)	ZEC SEC	
P.O. Box	c 15132		2001 MAR SECRETI	7
		(Address)	23 NRY SSEE	
Panama	City, FL 32406	<del>,</del>	ם ביי	( <del></del>
	(City	/State and Zip Code)	2: 1 TATE ORID	
For further information	concerning this matter, please	call:	<u>`</u> ``` □	
Van Morgan		at ( 850 ) 785-62	50	
	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or 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 Certificate of State Certified Copy (additional copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:				
Deer Point Laser Engraving LLC				
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
9107 Sunshine Drive	P.O. Box 15132			
Youngstown, FL 32466	Panama City, FL 32406			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the recommendation Van Morgan  Name	ered Agent. You must designate amindividual or another			
9107 Sunshine Drive	P 2:			
Florida street add	ress (P.O. Box NOT acceptant)			
Youngstown, FL 32466	FL			
City, State, as	nd Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Van M Morgan 9107 Sunshine Drive Youngstown, FL 32466
MGRM	Jo Ann Morgan 9107 Sunshine Drive Youngstown, FL 32466
	SE CRETAL AHAR
(Use attachment if necessary)	23 P 2: 1 SSEE, FLORIG
FICLE V: Effective date, if other than the date of effective date is listed, the date must be so a great the date of filing.)	ate of filing: (OPTIONAl specific and cannot be more than five business days
REQUIRED SIGNATURE:	
(In accordance with section of this document constituent that the facts stated her	or an authorized representative of a member. for 608.408(3), Florida Statutes, the execution tes an aftirmation under the penalties of perjury rein are true.)
Van M Morgan Type	ed 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)