# L0700050338

(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:	1
Special Instructions to Filing Officer:	

Office Use Only



800102060868

05/10/07--01022--019 \*\*125.00

07 MAY 10 PM 12: 45

# **COVER LETTER**

TO:	Registration S Division of Co				
aren er	. Cm	Dakota	a 230, LLC		
SUBJE	ect:		ed Liability Company)		<del></del>
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.		
Please	return all corresp	pondence concerning this matt	er to the following:		
		Ste	ven Narvaez		
			(Name of Person)		
•			(Firm/Company)		<del></del>
		760 Mad	nolia Creek (	Circle	
•	·		(Address)	<u> </u>	
-	· · · · · · · · · · · · · · · · · · ·		ando, FL 328	28	
		(City	//State and Zip Code)		07 N
For furt	ther information	concerning this matter, please	call:		
	Stever	Narvaez	at (321)	303-4292	O7 MAY 10 PH 12: 45
	(Name	of Person)	(Area Code &	Daytime Telephone Number	412: 1
Enclose	ed is a check fo	or the following amount:			72 8
<b>Z</b> \$125	.00 Filing Fcc	\$130.00 Filing Fcc & Certificate of Status	\$155.00 Filing Certified Copy (additional copy is en	Certificate of	of Status & opy
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	ection orporations ing ve Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Compa	any is:	
Dakot	a 230, LLC	
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or 'L.	.C.,")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability	y Company is
Principal Office Address:	Mailing Address:	
760 Magnolia Creek Circle	760 Magnolia Creek Circle	
Orlando FL 32828	Orlando FL 32828	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or	ature: another
The name and the Florida street address of	of the registered agent are:	97 07
Stev	ven Narvaez	子 Sign
	Name	SLEKETAK NASION OF C
760 <b>M</b> a	agnolia Creek Circle	
Florida st	treet address (P.O. Box NOT acceptable)	ORTORATIONS PH 12: 45
Orla	ndo FL 32828	
City,	, State, and Zip	OF TO

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

		Name and Address:	
"MGR" = Mar $"MGRM" = M$	ager anaging Member		
MGR		Steven Narvaez	
		760 Magnolia Creek Cr	
		Orlando FL 32828	<del></del>
MGR		Eric Hillerman	
		460 Crofton Dr	
		Ocoee FL 34761	
			9
	<del></del>		O7 MAN
			<b>-</b> 5 §
			PH 12:
			_ 2
			- 5
CLE V: Effective	nt if necessary) re date, if other than the	date of filing:	TIONAL)
CLE V: Effective	re date, if other than the listed, the date must be date of filing.)	date of filing: (OPT e specific and cannot be more than five busine	TIONAL)
CLE V: Effective frective date is days after the	re date, if other than the listed, the date must be date of filing.)	e specific and cannot be more than five busine	TIONAL)
LE V: Effective frective date is days after the	re date, if other than the listed, the date must be date of filing.)	date of filing: (OPT e specific and cannot be more than five busine	TIONAL)
CLE V: Effective frective date is days after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with secondance with secondance with secondance)	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution intuition under the penalties of perjury	TIONAL)
CLE V: Effective frective date is days after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a membe  (In accordance with sec of this document consti	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution intuition under the penalties of perjury	TIONAL)

## 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)