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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
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FLORIDA/FOREIGN LIMITED LIABILITY CO.**SUMMERCREST DM, LLC.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

SUMMERCREST DM, LLC.

ARTICLE II – Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

Principle Office Address:

Mailing Address:

2300 S PINE AVENUE

2300 S PINE AVENUE

Ocala, FL 34474

Ocala, FL 34474

ARTICLE III – Registered Office, & Registered Agent's Signature:

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

NANCY DEICHMAN

Name

2300 S PINE AVENUE

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

OCALA, FL 34474

City, State, and Zip

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Having been named as registered agent and to accept service of process for 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's Signature

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

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

Title:

"MGR" - Manager

"MGRM" - Managing Member

Name and Address:

MGRM

NANCY DEICHMAN 25%
7447 SE 12TH CIR
Ocala, FL 34480

MGRM

ROBERT DEICHMAN 25%
7447 SE 12TH CIR
Ocala, FL 34480

MGRM

KAREN MIRET 25%
7950 POPPY HILLS LANE
PORT ST LUCIE, FL 34986

MGRM

PAUL MIRET 25%
7950 POPPY HILLS LANE
PORT ST LUCIE, FL 34986

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE


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 penalties of perjury that the facts stated herein are true.)

NANCY DEICHMAN
Typed or printed name of signee

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