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FICK-OF	<b>**</b> ^^	L. IMAIL
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SECRETARY OF STATE
SECRETARY OF STATE

# **COVER LETTER**

SUBJECT: Dale EV	verett Designs, LLC (Name of Limit	ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing	
	ondence concerning this matt	· ·	
Dale Evere	<del>-</del>	Ü	
	· · · · · · · · · · · · · · · · · · ·	(Name of Person)	
Dale Evere	tt Designs		
		(Firm/Company)	0
2131 Ridge	e Road # 82		7 JU
		(Address)	# 21
Largo, Flo	rida 33778		
	(City	y/State and Zip Code)	E.S. A.O.
For further information of	concerning this matter, please	call:	OT JUN 20 AM IO: 16 SECRETIST OF STATE FALL PARTIES.
Dale Everett		at ( 727 ) 709-3156	3
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

# **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: Dale E	verett Designs, LLC			
		d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
Dale Evere	ett			
	(	Name of Person)		_
Dale Evere	ett Designs			
		(Firm/Company)		- O.
2131 Ridg	ge Road # 82		ب تا	OT JUN 20 AM 10: 16
		(Address)	. 7	翻27日
Largo, Flo	orida 33778			第2
<del></del>	(City	/State and Zip Code)	,	E.S. O.
For further information	concerning this matter, please	call:		哥 5
Dale Everett		at ( 727 ) 709-315	6	
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check f	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	_
	Mailing Address Registration Section Division of Corporations	Street/Courier Addres Registration Section Division of Corporation	<del></del>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# **COVER LETTER**

TO: Registration Section
Division of Corporations
Dala Everett Designs 11 C
SUBJECT: Dale Everett Designs, LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
110 4110 611 611 611 611 611 611 611 611 611
Please return all correspondence concerning this matter to the following:
Dale Everett
(Name of Person)
Dale Everett Designs
(Firm/Company)

2131 Ridge Road # 82 LARGO , FL , 33778



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dale Everett Designs, LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2131 Ridge Road # 82, Largo, Fl. 33778	2131 Ridge Road # 82, Largo, Fl. 33778
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Lee Kampsen	
17101 Downs Drive	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Odessa,	FL 33556
City, State, an	ccept service of process for the above stated limited

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

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

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Dale Everett		
	2131 Ridge Road # 82		
	Largo, Fl. 33778		
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(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the		OF JUN 20 AM 10: 16 SECPHENARY OF STATE TALLAHACSEE, FLOWER OPTION	
(If an effective date is listed, the date must b to or 90 days after the date of filing.)	e specific and cannot be more than fi	ve business days prior	
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 the penalties of perjury that the facts stated herein are true.)

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)