

(Re	equestor's Name)	
, (Ac	ddress)	
. (Ac	ddress)	
(Ci	ty/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800106812708

08/02/07--01031--001 \*\*125.00

 $\mathbb{B}$ 

507A-48020

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: DNDNR LL C (Name of Limited Liability Company)
The enclosed Articles of Organization and fees(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David L Smith (Name of Person)
DNONR LLC (Firm/Company)
9141 Daytona Driva
Pensalola Fl 32506 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name Of Person)  at (250) 393-1742  (Area Code & Daytime Telephone Number)

#### STREET ADDRESS:

Registration Section Division of Corporations 409 E Gaines Street Tallahassee, Florida 32399

#### **MAILING ADDRESS:**

Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

# 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  MG-R	Pavid L Smith 9141 Daytona Dcive Pensacolg Fl 32506
(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 the penalties of perjury

that the facts stated herein are true.)

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)