

LD7000085400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

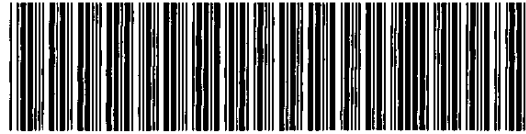
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

NRC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DECOY ENTERPRIZEZ, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dale S. Wilson

(Name of Person)

Dale S. Wilson, P.A.

(Firm/Company)

PO Box 1808

(Address)

Green Cove Springs, FL 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

Penny Hopper

(Name of Person)

at ( 904 ) 284-5618

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION**

**OF**

**DECOY ENTERPRIZEZ, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I  
NAME**

*The name of the Limited Liability Company is DECOY ENTERPRIZEZ, LLC.*

**ARTICLE II  
NATURE OF BUSINESS**

The general character, purpose, and nature of business to be transacted by this Company is: light tractor work, equipment and material hauling and any other lawful commercial enterprise.

**ARTICLE III  
ADDRESS**

The mailing address and street address of the principal office of the company is 5904 CR 209 South, Green Cove Springs, Florida 32043.

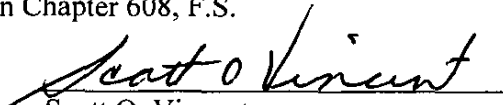
**ARTICLE IV  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE V  
REGISTERED OFFICE/AGENT**

The registered office of this Limited Liability Company is 5904 CR 209 South, Green Cove Springs, Florida 32043, and the Registered Agent at such location is Scott O. Vincent.

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.

  
Scott O. Vincent

**ARTICLE VI**  
**MANAGER AND MANAGING MEMBERS**

**Title:**

MGR

**Name and Address:**

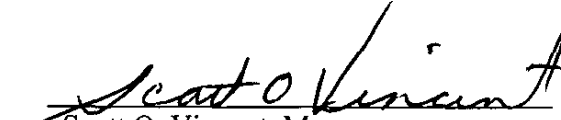
Scott O. Vincent  
5904 CR 209 South  
Green Cove Springs, FL 32043

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In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Scott O. Vincent, Manager