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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer	
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Office Use Only



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# **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
SUBJECT: Do	(Name of Limit	ed Liability Company)	1 Vican
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	Doden	Preshe	
		(Name of Person)	
Dod	's Contenede	Pringing Seria	·
7427	saddy Oak L.	/ P.O. BOX 91608 (Address)	
	•	, ,	
A.cco	sukee F/	32309 y/State and Zip Code)	
	(Cit	y/State and Zip Code)	
		•	
For further information	concerning this matter, please	call:	
		•	
		at (	
(Name	of Person)	_ at ()(Area Code & Daytime Telephone	Number)
		•	ŕ
Enclosed is a check for	or the following amount:		
		_	
□\$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy litional 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	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Don's	Continuta	DUMPINA	Service,	LLC
	(Must end with the words	s "Limited Liability Com	pany, "L.L.C.," or "I	LLC.")

### **ARTICLE II - Address:**

Principal Office Address:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

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

<del>''</del>	_	
7427 SANDYONK LA		P.O. Box 91608
Miccosules F1 32309		Microsotes, Fl. 32309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DoNAUS PreshA	FASE O
Name	7 SI
1427 Austra Saddyoat In	TAN P
Florida street address (P.O. Box NOT acceptable)	SSI
MiccosulorFL 32309	
City, State, and Zip	10: 53 10: 53 10: 53

Mailing Address:

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)

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

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

"MGR" = Managing Member  "MGRM"   Managing Member  "MGM"   Managing Member  "MGM"	Title:		Name and Address:
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	"MUKM" = Mai	naging Member	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	MGRM	•	Modern Presta
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		···	7427, SANDY DAK LN
LE V: Effective date, if other than the date of filing:			Miccosuker ri , 32309
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LE V: Effective date, if other than the date of filing:			· · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other than the date of filing:	(Use attachment	if necessary)	
FEQUIRED 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.)	(	, ,, ,,,,,,	
FEQUIRED 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.)	LE V: Effective	date, if other than the dat	te of filing: (OPTIO
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.)	effective date is	listed, the date must be	specific and cannot be more than five busi
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.)	or 90 days afte	r the date of filing.)	•
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.)			
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.)	REQUIRED SI	GNATURE:	
(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.)		, or the contract of the contr	TAIS (
(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.)		1	
(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.)		_ Drew	Presty II
(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.)		Signature of a member or	an authorized representative of a member.
that the facts stated herein are true		(In accordance with section	1 608.408(3), Florida Statutes, the execution
Doway Presha		of this document constitute	s an affirmation under the penalties of perjury
Typed or printed pame of signee			Mesta En
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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)