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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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ָ , רָ , רָ Evelyn Noel - Accountant

MEMBER NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

3711 TROUT RIVER BLVD. JACKSONVILLE, FLORIDA 32208 TELEPHONE 768-6486

September 24, 200&

State of Florida Registration Section Division of Corporation P O Box 6327 Tallahassee, Florida 32314

Gentlemen:

In reference to the attached LLC and in reference to newly formed LLC, please forward all papers back to my address: 3711 Trout River Blvd Jacksonville, Florida 32208.

Thanking you in advance,

Sincerely

Evelyn Noel

cc; file

COVER LETTER

TO:	Registration Division of C				
SUBJECT: D&N USA LLC					
SCLO		(Name of Limi	ited Liability Comp	any)	
The en	closed Articles	of Organization and fee(s) are	submitted for filin	g.	
Please	return all corres	spondence concerning this ma	tter to the following	g:	
	Evelyn No	oel			
			(Name of Person)		
	Evelyn N	oel Accountant			
			(Firm/Company)		
	3711 Tro	ut River Blvd			
			(Address)		***
	Jacksonv	ille, FL 32208			
		(Ci	ty/State and Zip Code	e)	-
For fur	ther information	concerning this matter, pleas	se call:		
Evelyn Noel		at (904	768-648		
	(Nam	e of Person)	(Area Cod	e & Daytime Tele	ephone Number)
Enclos	sed is a check f	or the following amount:			
\$125.00 Filing Fee \$\sum \text{Status}\$ Status		\$155.00 Filin Certified Cop (additional cop)	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations duilding ecutive Center Case, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
The name of the Emmod Elasting Company	
D&N USA LI	LC
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3711 Trout River Blvd	3711 Trout River Blvd
Jacksonville, Fl. 32208	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: Bishop me ens Road N address (P.O. Box NOT acceptable)
The name and the Florida street address of th	ne registered agent are:
Dennis	Bishop Bishop
Na	me As P
11010 Cisco Gard	Bishop ens Road N address (P.O. Box NOT acceptable)
Florida street	address (P.O. Box NOT acceptable)
Jacksonvil	lle, _{FL} 2219
	te, and Zip
Having been warned as registered agent and	to accept 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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member		- 1	
Manager	Dennis Bishop Alman M. W. 18	ly	
	11010 Cisco Gardens Road N		
	Jacksonville, FL 32219	/	
Manager	Nancy Bishop Many Bishop		
	11010 Cisco Gardens Road N		
	Jacksonville, FL 32219		
-/			
		_	
•			
			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the c	late of filing: 9-28-07 . (OPT	IONAL)	
(If an effective date is listed, the date must be	specific and cannot be more than five busines	ss days prior	
to or 90 days after the date of filing.)	•		
•			
		ASE 27	
REQUIRED SIGNATURE:	1	SEP SEP	
		表 2	Ţ
\	11/15/10	P 26 PM	~
- Dennis	M. While	m = 1	J
Signature of a member	or an authorized representative of a member.		-
(In accordance with sect of this document constituent that the facts stated he	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury trein are true.)	PM 1:57 E, FLORIDA	
Dennis Bishop	·		
	ed or printed name of signee		
1 ур	on or printed name of arguee		