## L07000119525

(Requestor's Name)						
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EFFECTIVE DATE

11/29/07--01003--009 \*\*160.00

SECRETARY OF STATE STATE OF CORPORATIONS

4. BRYAN NOV 3 0 2007

## COVER LETTER

Division of Co	rporations					
SUBJECT: DENL	E ENTERPRISE	S L.L.C,				
	<del> </del>	d Liability Compa	ny)			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	<u>;</u> .			
Please return all corresp	ondence concerning this matte	r to the following	:			
STEPHA	NIE GARRETT					
	(	Name of Person)		·		
DENLE	ENTERPRISES	L.L.C.				
<del></del>	(	Firm/Company)				
10530 LU	JCAYA DR.				07	
		(Address)			<b>7</b> 0	SSS
TAMPA,	FL 33647				07 NOV 29  AH 11: 59	STARY CRARY
	(City	State and Zip Code	)		<u>-</u>	ORF(
For further information	concerning this matter, please	call:			= ::	RPORATIONS
					9	SNO
STEPHANIE		at ( 813	, 355-7308	<del> </del>		
(Name	of Person)	(Area Code	& Daytime Telephone N	lumber)		
Enclosed is a check fo	r the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	by Certi r is enclosed) Certi	00 Filing Fee, ficate of Status fied Copy ional copy is enclose		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B	ourier Address on Section of Corporations uilding cutive Center Circle			

Tallahassee, FL 32301

ing the second second

` TO:

**Registration Section** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		OT DIVIS
The name of the Limited Liability Company is:		OT NON 29
DENLE ENTERPRISES L.L.C.		S CORRECT
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	PORTE ORAN
(Must end with the words "Limited Liability Co  ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Cor	npany is:
	ailing Address:	
	9530 LUCAYA DR. MPA, FL 33647	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.)		
The name and the Florida street address of the regist	tered agent are:	EFFECTIVE DATE
STEPHANIE GARRE	<u> </u>	
Name		
10530 LUCAYA DR.		
	(P.O. Box NOT acceptable)	
City, State, and Zi	33647	
Having heen named as registered agent and to access	•	od limitod

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):

1.6.4

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

. . . .

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
STEPHANIE GARRETT "MGR"	10530 LUCAYA DR. TAMPA, FL 33647	OT NOV 2
THOMAS GARRETT "MGRM"	10530 LUCAYA DR. TAMPA, FL 33647	29 AH 11:59
<u> </u>		

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 27, 2007. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

(Use attachment if necessary)

(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.)

## STEPHANIE GARRETT

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)