

Division of Corporations

07000122757

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA/FOREIGN LIMITED LIABILITY COLS 12/11

DENVAN, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

DENVAN, LLC.

ARTICLE II – Address:

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

Principle Office Address:

Mailing Address:

6225 SE 158TH CT

6225 SE 158TH CT

OCKLAWAHA, FL 32179

OCKLAWAHA, FL 32179

ARTICLE III – Registered Office, & Registered Agent's Signature:

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

DENNIS ANGELLO

Name

6225 SE 158TH CT

Florida street address (P.O. Box **NOT** acceptable)

OCKLAWAHA, FL 32179

City, State, and Zip

Having been named as registered agent and to accept service of process for 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, Florida Statutes.


Registered Agent's Signature

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(CONTINUED)

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

Title:
"MGR" = Manager
"MORM" = Managing Member

Name and Address:

MGRM

DENNIS ANGELLO
6225 SE 158TH CT
OCKLAWAHA, FL 32179

MORM

VANESSA ANGELLO
6225 SE 158TH CT
OCKLAWAHA, FL 32179

(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 penalties of perjury that the facts stated herein are true.)

DENNIS ANGELLO

Typed or printed name of signer

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