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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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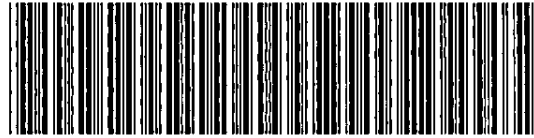
(Business Entity Name)

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TALLAHASSEE, FLORIDA

PK
12/24



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 373714 7622870

AUTHORIZATION :

COST LIMIT : \$ 125.00

07 DEC 21 AM 9:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 21, 2007

ORDER TIME : 1:27 PM

ORDER NO. : 373714-005

CUSTOMER NO: 7622870

DOMESTIC FILING

NAME: DAVIS & GIAMBRONE ENTERPRISES,
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVIS & GIAMBRONE ENTERPRISES, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

666 BALD EAGLE DRIVE
MARCO ISLAND
FLORIDA 34145

Mailing Address:

666 BALD EAGLE DRIVE
MARCO ISLAND
FLORIDA 34145

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:

PAT DAVIS
Name

9968 ST. MORITZ DRIVE
Florida street address (P.O. Box NOT acceptable)

MIRDMAR LKS. FL 33913
City, State, and Zip

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.,

Corporation Service Company

BY: Patricia Davis
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

PAT DAVIS
9968 St. Moritz Drive
Miramar Lakes, Florida 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Patrick Davis
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.)

PAT DAVIS
Typed or printed name of signer

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)