# L08000072014

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(==, ====,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUL <b>2.8</b> ngg8
EXAMINES
L-/VTIVIII Wall

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	DEESE So (Name of Limit	dutions LLC. ded Liability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
	Buck DEESE		
		(Name of Person)	
	DEESE Solu	hour LLC.	ZODS TALL
	FEENE JOIN	(Firm/Company)	HE E
	3035 / DUNK	iew Rol.	25 SSE
	3035 Longv	(Address)	
	Cottondale	FL. 32431 ty/State and Zip Code)	A II: 0
<del> </del>	(Ći	ty/State and Zip Code)	الساهر
For further information	concerning this matter, pleas	e call:	
Buck D	EESE e of Person)	at ( <b>850</b> ) <b>838 - 2</b> (Area Code & Daytime Teleph	493 one Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ	cle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Com	pany is:				
DEF SE Solutions LLC.  (Must end with the words "Limited Liability Company. "L.L.C.," or "LLC.")					
(Must end with the words) Ent	med Liability Company. E.E.C., of El.C.)				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
3035 Longriew Rd. Cottondale, FL. 32431	3035 Longview Rd. Cottondale, FL 32431				
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	Name  Not acceptable				
	vale, FL 32431 ty, State, and Zip				
liability company at the place design	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of a				

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)

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

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

MGR	Buck DEESE 3035 famien Rd.
	Cottendale, FL 32431
	ZDO <b>S</b> TALLI
<del></del>	<u> </u>
	A 58E
<del>-</del>	
Use attachment if necessary)	

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

Buck I DEE

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)