(Re	equestor's Name)	·
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,
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A. LUNT
AUG - 6 2008
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2008

JAMES D DAVIS 1570 INDIAN WOMAN RD SANTA ROSA BEACH, FL 32459

SUBJECT: DAVIS SPECIALTIES LLC

Ref. Number: W08000036104

SECRETARY OF IN

We have received your document for DAVIS SPECIALTIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 908A00043987

## **COVER LETTER**

Registration Section
Division of Corporations

SUBJECT: Davis Special tres LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James D. Davis (Name of Person)
Davis Specialties LLC AFF &
(Firm/Company)
1570 Indian Woman Rd.
Santa Rosa Beach FL 32459 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Uames D. Davis at 479 263 - 2961 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy}\$ \$\ \text{Certificate of Status}\$ \$\ Certificate
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address  Description Section Description Section
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DAVIS CONSTRUCTION SPECIALTIES LLC

tivius end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1570 Indian Woman Rd.	1570 Indian Woman Rd.
Santa Rosa Beach, FL	Santa Kosa Beach, FL
32459	32459
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results	ered Agent. You must designate an individual or another
City, State, an	nd Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:
MGR		James D. Davis  Santa Rosa Beach FL 32  1570 Indian Woman Rd.
	****	
Tective date is l	e date, if other than t	the date of filing: <u>Aug. 1 2008</u> . (OPTIONAL) <b>t be specific and cannot be more than five business days</b>
LE V: Effective	e date, if other than t isted, the date must date of filing.)	the date of filing: <u>Aug. 1 2008</u> . (OPTIONAL t be specific and cannot be more than five business days
LE V: Effective fective date is li days after the	e date, if other than t isted, the date must date of filing.)	the date of filing: $\frac{Aug.}{Aug.} = \frac{1}{2008}$ . (OPTIONAL to be specific and cannot be more than five business days
LE V: Effective fective date is li days after the	e date, if other than the isted, the date must date of filing.)  IGNATURE:  Signature of a memory of this document control of the date of	the date of filing: Aug. 1 2008 (OPTIONAL to be specific and carmot be more than five business days a section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)  D. D. A.V.I.S.  Typed or printed name of signee

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