# 108000094378

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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**EXAMINER** 





ACCOUNT NO. : 07210000032

REFERENCE: 747812 7269909

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: October 6, 2008

ORDER TIME : 11:39 AM

ORDER NO. : 747812-005

CUSTOMER NO: 7269909

## DOMESTIC FILING

NAME: D. WOOD VENTURES LLC

## EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937.

EXAMINER'S INITIALS:



#### A

ARTICLE I - Name: The name of the Limited Liability Con	nnany is:
The hame of the Emmed Elability Con	tpany 15.
D. Wood Ventures LLC	
(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
	B/f=212 A 3 3
Principal Office Address:	Mailing Address:
Principal Office Address: 770 NE 69th St. Apt. B	c/o Blouin & Company, Inc.
	· · · · · · · · · · · · · · · · · · ·

Corporation Service	ce Company
	Name
1201 Hays Street	
Florida s	treet address (P.O. Box NOT acceptable)
Tallahassee	<sub>FL</sub> 32301
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: Cyntha A Horns

Registered Agent's Signature (REQUIRED) Cynthia L. Harris Asst. Vice President

> (CONTINUED) Page 1 of 2

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

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

MGR ·	Daniel W. Wood 770 NE 69th St. Apt. B	
	Miami, FL 33138	
	<u> </u>	
		<del></del>
		<del></del>
		<del></del>
(Use attachment if necessary)		
LE.V: Effective date if other than th	ne date of filing:	(OPTION.

# **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.)

Jeffrey P. Cleven, Duly Authorized Representative

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)