[08000099765

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000136644790

Effective Date 10/06/08

10/13/08--01042--010 **155.00

SECRETARY OF STATE VISION OF CORPORATIONS

8 OCT 13 PH 1: 57

J. BRYAN

OCT 23 2008

EXAMINER

COVER LETTER

D and					
SUBJECT: D and	, ,	ted Liability Comp	any)		
The enclosed Articles o	f Organization and fee(s) are	submitted for filin	ıg.		
Please return all corresp	ondence concerning this ma	tter to the followin	g:		
Betty Phill	ips				
	•	(Name of Person)			90 B
D and P G	Group, LLC				08 OCT 13 PH 1:57
<u> </u>		(Firm/Company)			
8825 Peri	meter Park Blvd.,	#602			PH (
		(Address)		· · · · · · · · · · · · · · · · · · ·	OCT 13 PH 1:57
Jacksonvi	lle, FL 32216				نت
		ty/State and Zip Cod	e)		
For further information	concerning this matter, pleas	e call:			
Betty Phillips		at (904	, 642-700	1	
(Name	of Person)		de & Daytime Tele	phone Number)	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	рру	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	dourier Address ion Section of Corporations Building ecutive Center C see, FL 32301		



See attacked correction benefits, LLC FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2008

BETTY PHILLIPS D AND P GROUP, LLC 8825 PERIMETER PARK BLVD., #602 JACKSONVILLE, FL 32216

SUBJECT: D AND P GROUP, LLC Ref. Number: W08000047215

We have received your document for D AND P GROUP, LLC and your check(s) totaling \$155.00. 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.or

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.

The document number of the name conflict is #L07000092072, THE DP GROUP, LLC.

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

Joey Bryan Regulatory Specialist II

Letter Number: 708A00053666

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZAT	ION FOR FLORIDA LIMITED LIABILITY COMPA	ŅΥ
ARTICLE I - Name: The name of the Limited Liability	ry Company is:	SECUL OF
Dand P Group, LLS (Must end with the we	Mational Series Duefto, LLC	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited Liability Company	
Principal Office Address:	Mailing Address:	
8825 Perimeter Park Blvd., #602 Jacksonville, FL 32216	Jacksonville, FL 32216	
(The Limited Liability Company cannot see business entity with an active Florida region.) The name and the Florida street is	address of the registered agent are: Effective Date 10 00	log
Betty Phil		
	Name	
8825 Per	meter Park Blvd., #602	
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
Jacksonv	lle, FL 32216 _L	
	City, State, and Zip	
liability company at the place registered agent and agree to ac	d agent and to accept service of process for the above stated limi designated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with an	s f all

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	08 OCT 1
MGRM	Larry Drennan	3 000
IVIGRIVI	· · · · · · · · · · · · · · · · · · ·	PA TOSS
	1501 N. University, #551	
	Little Rock, AR 72207	
MGR	Mickey Drennan	ا ن ه نت
	1501 N. University, #551	
	Little Rock, AR 72207	
MGR	Charles Phillips	
	8825 Perimeter Park Blvd., #602	
	Jacksonville, FL 32216	
MGR	Mike Phillips	
	8825 Perimeter Park Blvd., #602	
	Jacksonville, FL 32216	

....

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 6, 2008 (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:

Charles D. Phillips.
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.)

Charles Phillips

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)