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EXAMINER

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12/18/08--01016--001 **155.00

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	DS-Quayside (Name of Limit	ed Liability Company)	
The enclosed Articles of 0	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
É	Andrews 7 S	note Sr	
	Andrew D. S	(Name of Person)	TALLAH SECRET
	·	(Firm/Company)	AHASSEE.
15	S Donna C	*	HO R
2	S Donna C	(Address)	18 PH 3: 34 HARY OF STATE ANSSEE, FLORIDA
	(Cit	FL 33950 cy/State and Zip Code)	
For further information co	ncerning this matter, pleas	e call:	
17 ndeen D. (Name o	Snoke (Person)	at (941) 215 · (Area Code & Daytime Tele	<u>_3 ≤ 3</u> ephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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	Street/Courier Address Registration Section Division of Corporations	3

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ť	
ARTICLES OF OR	GANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Nam	
	nited Liability Company is:
	S-Quayside LLC t end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	Iress: and street address of the principal office of the Limited Liability Company is
Principal Office A	Idress: Mailing Address:
155 Dunne Plents Gorde	Ct 155 Donna Ct FL 33950 Plenta Grorde FL 33950
(The Limited Liability Co.	gistered Agent, Registered Office, & Registered Agent's Signature: npany cannot serve as its own Registered Agent. You must designate an individual or another tive Florida registration.)
The name and the F	lorida street address of the registered agent are:
	Andrew D. Snoke Sr Name
	155 Dunna C+
•	Florida street address (P.O. Box NOT acceptable)
	Punta Gorda FL 33950 City, State, and Zip
liability compan	d as registered agent and to accept service of process for the above stated limite y at the place designated in this certificate, I hereby accept the appointment as d agree to act in this capacity. I further agree to comply with the provisions of a

(CONTINUED) Page 1 of 2

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: Title: "MGR" = Manager "MGRM" = Managing Member MGR ARTICLE V: Effective date, if other than the date of filing: 12-15-08 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior tour 90 days after the date of filing)

to or 90 days after the date of filing.)

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.)

Andrew D. Snoke, Sr.
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)