

LO900023333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

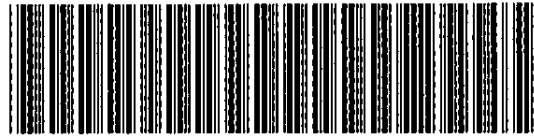
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 2

Special Instructions to Filing Officer:

Office Use Only



400144707404

03/06/09--01019--005 **540.00

FILED
09 MAR -6 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 10 2009

EXAMINER

TRANSMITTAL LETTER

TO: Registered Section
Division of Corporation

SUBJECT: DAVIS DUPLEXES, LLC

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY M. BARBUTO, ESQ.
12773 FOREST HILL BOULEVARD
SUITE 209
WELLINGTON, FL 33414

For further information concerning this matter, please call:

ANTHONY M. BARBUTO, ESQ. at 561/798-2907

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
MAR - 9 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is: DAVIS DUPLEXES, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12533 Equine Lane
Wellington, FL 33414

Mailing Address:

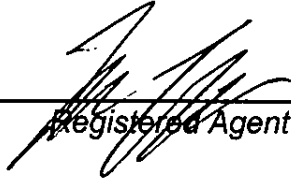
P.O. Box 6446
Lake Worth, FL 33466

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

Ignazio Ippolito
12533 Equine Lane
Wellington, FL 33414

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 property 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, Florida Statutes.



Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Members(s):

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

Title "MGR" = Manager_
"MGRM" = Managing Member

Name and Address:

MGRM

Ignazio Ippolito
12533 Equine Lane
Wellington, FL 33414

FILED
09 MAR -6 PM 1:01
TALLAHASSEE
SECRETARY OF STATE

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



IGNAZIO IPPOLITO

(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.)

Filing Fee:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)