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(Requestor's Name)	
· .	
(Address)	7001455064
(Address)	7 00 1 10000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	03/11/0901011014
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	EFFECTIVE DATE 3 9 09
	J.,
	ALLAH)
Office Use Only	

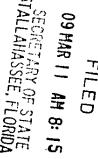


477

**125.00

MAR 1 8 2009

EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2009

1.

Sec. 4

RICHARD JASON DANLOVICH DANLOVICH, LLC 3 LIVE OAK ROAD PALM COAST, FL 32137

SUBJECT: DANLOVICH, LLC Ref. Number: W09000011769

DATE 3/9/194 SEE THE DATE 3/9/194 SEE THE DATE 3/9/194 SEE THE DATE 3/9/194 SEE THE DATE SEE THE

We have received your document for DANLOVICH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 009A00008497

COVER LETTER

	Registration Section Division of Corporations	EFFECTIVE DATE 3 9 09
SUBJEC	T: Danlovich, LL (Name of Limi	ted Liability Company)
The enclo	sed Articles of Organization and fee(s) are	submitted for filing.
Please ret	urn all correspondence concerning this ma	tter to the following:
· · · ·	Richard J	Ason Danlovich (Name of Person)
	Dan lovick	LLC
	3 Live	Oak Road (Address)
•	Palm Coas	t, FL 32137
, —		ty/State and Zip Code)
For furthe	r information concerning this matter, pleas	se call:
Rici	hard Jason Danlove	hat 386 597-3155
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:	
₹ \$125.00	Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		, ,
The name of the Limited Liability Comp	pany is:	1000
_ •	• .	艺艺艺
Danlovich, LL	.C	10
	ited Liability Company, "L.L.C.," or "LLC.")	STATE OF
ARTICLE II - Address:		To de
The mailing address and street address of	of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	*
3 Live Oak Road	3 Live Oak Ro	pad
Palm Coast, FL 32137	Palm Coast, Fo	32137
	·	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Richard Jason Dan lovich

Name

3 Live Oak Road

Florida street address (P.O. Box NOT acceptable)

Palm Coast FL 32137

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma		Name and Address:
M6-R	•	Richard Jason Danlovich
		3 Live Oak Road
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	,	
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	•	
LE V: Effective	date, if other than the d	late of filing: <u>3/9/09</u> . (OPTIC specific and cannot be more than five business
LE V: Effective ffective date is lis days after the d	date, if other than the dated, the date must be ate of filing.) GNATURE:	specific and cannot be more than five business
(Use attachment LE V: Effective ffective date is list days after the details)	date, if other than the dated, the date must be ate of filing.) GNATURE: Signature of a member	late of filing: 3/9/09 (OPTION Specific and cannot be more than five business or an authorized representative of a member.

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

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)