

L09000038808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

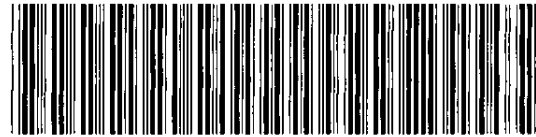
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000150988170

RECEIVED
09 APR 21 AM 10:54
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 APR 21 AM 11:15
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR 22 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 965575 7569274

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : April 20, 2009

ORDER TIME : 4:46 PM

ORDER NO. : 965575-005

CUSTOMER NO: 7569274

FILED
09 APR 21 AM 11:15
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: DEA FLA LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2009

TROY TODD
CSC
TALLAHASSEE, FL

SUBJECT: DEA FLA LLC
Ref. Number: W09000018677

RESUBMIT

Please give original
submission date as file date.

FILED
09 APR 21 AM 11:15
TALLAHASSEE, FLORIDA

We have received your document for DEA FLA LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Because the addition of the words "FLORIDA" or "OF FLORIDA" or any abbreviation of Florida does not constitute a significant name difference, the name "DEA FLA LLC" is not significantly different from the name "DEA" for which there is a trademark registraion. (Please see attached printout.)

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 409A00013349

RECEIVED
09 APR 22 AM 10:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEA South Fl. LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4501 Gulf Shore Boulevard North

PH 1503

Naples, Florida 34103

Mailing Address:

4501 Gulf Shore Boulevard North

PH 1503

Naples, Florida 34103

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:

Andrew J. Czekaj

Name

4501 Gulf Shore Boulevard North, PH 1503

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

Naples

FL 34103

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..

BY: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
09 APR 21 AM 11:15
STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

Andrew J. Czekaj

4501 Gulf Shore Boulevard North

PH 1503

Naples, Florida 34103

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

X

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 J. Czekaj

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)