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EXAMINER

# **COVER LETTER**

10:	Division of C					
SUBJE	ECT:	Dalb	urg Ho	oldings, LLC.		
		Name of Limi				
The en	closed Articles	of Organization and fee(s) are	submitte	d for filing.		
Please	return all corres	pondence concerning this ma	tter to the	following:		
•	<u></u>	Marc	us A. Bi	randenburg		
			Name of	rerson		
	Dalburg Holdings, LLC.					
	Firm/Company					
	2451 Winsloe Dr.					
			Addr	ess		
	Trinity, Florida 34655					
			•	d Zip Code		
-		dalburg  E-mail address: (to be used	for future	s@yanoo.com annual report notificati	on)	
For fur	ther information	concerning this matter, pleas	se call:			
		A. Brandenburg	at (	727		92-7007
	Name	of Person		Area Code & Daytime	Telep	phone Number
Enclos	ed is a check t	for the following amount:				
]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	5.00 Filing Fee & tified Copy itional copy is enclosed		\$160.00 Filing Fee, 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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	itions iter C	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Dalburg Holdings, LL (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:** Mailing Address: 2451 Winsloe Dr. 2451 Winsloe Dr. Trinity, Florida 34655 Trinity, Florida 34655 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: Marcus A. Brandenburg Name 2451 Winsloe Dr. Florida street address (P.O. Box NOT acceptable) Trinity, Florida 34655 FL 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.. egistered Agent's Signature (REQUI

(CONTINUED)

## Page 1 of 2

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

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

•	Title:	Name and Address:	250				
	"MGR" = Manager "MGRM" = Managing Member						
	MGRM	William P. Dalhoff					
		1742 Roseroot Ct.	<u> </u>				
		Trinity, Florida 34655					
		THINKS MACKET					
	MGRM	Marcus A. Brandenburg					
		2451 Winsloe Dr.					
		Trinity, Florida 34655					
		THINK, LIONOS 54055					
	MGRM	Melissa G. Dalhoff					
		1742 Roseroot Ct.					
		Trinity, Florida 34655					
			· · · · · · · · · · · · · · · · · · ·				
	MGRM	Amanda L. Brandenburg					
		2451 Winsloe Dr.					
		Trinity, Florida 34655					
	(Use attachment if necessary)						
ART	ICLE V: Effective date, if other than the	ne date of filing:	(OPTIONAL)				
•	•	be specific and cannot be more than f	ive business days prior				
to or	90 days after the date of filing.)						
	REQUIRED SIGNATURE:	,					
	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.)						
	,						
	Marcus A. Brandenburg Typed or printed name of signee						
	Filing Fees:	Typed or printed name of signee					

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)