

L09000088355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

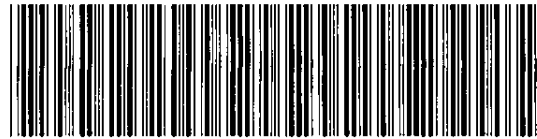
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800158787808

09/11/09--01039--001 \*\*160.00

2009 SEP 11 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

T. CLINE

SEP 14 2009

EXAMINER

WRITER'S TELEPHONE  
(941) 377-9986

**RANDY L. MERRITT, ESQ., P.A.**

**2055 WOOD STREET, SUITE 208  
SARASOTA, FLORIDA 34237**

WRITER'S FACSIMILE  
(941) 377-5115

September 10, 2009

**VIA OVERNIGHT MAIL**

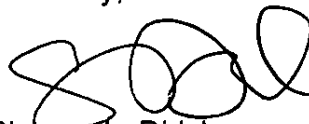
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center  
Tallahassee, FL 32301

RE: DINTV, LLC

Dear Sir or Madam:

Enclosed herewith you will find a Cover Letter; Articles of Organization for Florida Limited Liability Company; and copies of same in connection with the above-referenced entity. Further enclosed, please find our firm check in the amount of \$160.00 for filing fees associated with said limited liability company. Should you have any questions, please contact me at your earliest convenience.

Sincerely,



Shauna L. Didsbury  
Florida Registered Paralegal

Enclosures

SEP 11 AM 11:09  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DINTV, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Randy L. Merritt, Esq.

Name of Person

Randy L. Merritt, Esq., P.A.

Firm/Company

P.O. Box 53379

Address

Sarasota, FL 34232

City/State and Zip Code

RMerrittEsq@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy L. Merritt

Name of Person

at ( 941 )

377-9966  
Area Code & Daytime Telephone 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2009 SEP 11 AM 11:08  
TALLAHASSEE FL  
SECONDARY OF STATE  
FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DINTV, 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:

319 Interstate Blvd.  
Sarasota, FL 34240

#### Mailing Address:

596 Mossy Creek Drive  
Venice, FL 34292

### 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:

Randy L. Merritt, Esq.

Name

2055 Wood Street, Suite 208

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

Sarasota, FL 34237 FL

City, State, and Zip

FILED  
2009 SEP 11 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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:**

MGRM

David Beall

596 Mossy Creek Drive

Venice, FL 34292

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**



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.)

RANDY L. MERITT, ESQ

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)

FILED  
20 SEP 11 AM 11:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA