

LB9000093883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

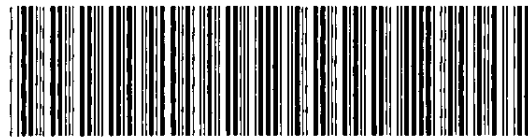
(Business Entity Name)

(Document Number)

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09/30/09--01003--014 \*\*155.00

RECEIVED  
09 SEP 29 PM 4:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
SEP 30 2009  
EXAMINER

FILED  
09 SEP 29 AM 9:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** TRICIA TADLOCK

**DATE:** 09/29/09

**REF. #:** 001939.111514

**CORP. NAME:** DALGEN, LLC

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 SEP 29 AM 9:00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 532019 **FOR \$** 155.00.

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

Dalgen, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

ARTICLE I - NAME

The name of the limited liability company is Dalgen, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is c/o CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida, 32301, and the mailing address of the limited liability company is c/o CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida, 32301.

ARTICLE III - MANAGEMENT

The name and address of the initial Managing Member of the limited liability company is:

Laura Jones, MGRM  
515 East Park Avenue  
Tallahassee, FL 32301

ARTICLE IV - REGISTERED AGENT,  
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

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.

CorpDirect Agents, Inc.

By:   
Its Agent: Patricia Tadlock

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DIVISION OF CORPORATIONS  
09 SEP 29 AM 9:00

(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 herein are true.)

CorpDirect Agents, Inc.

By: Patricia Tadlock  
Its Agent: Patricia Tadlock  
Authorized Representative of a Member