L09000098285

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer: A. LUNT
	OCT 12 2009

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EXAMINER



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TALLAMASSEE FLOADS

COVER LETTER

TO:	Registration Division of C			
SUBJE	CCT:		DayKro LLC	
0000		Name of Limit	ed Liability Company	
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	2009 OCT +9 SECRETARY TALLAHASS
		Eug	gene R Kropp III	
			Name of Person	\$\$ 9
			DayKro LLC	PH
·			Firm/Company	I: 28 STATE LORID
				<u>©</u> ™ '&
		390	04 SW 95 Drive	
			Address	
			sville, Florida 32608	
		Cit	y/State and Zip Code	
_		group	per38@yahoo.com	
		E-mail address: (to be used)	for future annual report notificat	ion)
For fur	ther information	concerning this matter, please	e call:	
	Eugen	e R Kropp III	at (352)	332-7696
	Name	of Person	_ at (352) Area Code & Daytim	e Telephone Number
Enclos	sed is a check f	or the following amount:		
]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	\$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 Ade Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
DayKro	
(Must end with the words "Limited Lia	bility 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:
3904 SW 95 Drive	3904 SW 95 Drive
Gainesville, Florida 32608	Gainesville, Florida 32608
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regusiness entity with an active Florida registration.)	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	
Eugene F	R Kropp III
Nan	ne
3904 SW	/ 95 Drive
Florida street address (P.	O. Box NOT acceptable)
Gainesville 32608	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..

Registered Agent's Signature (REQUIRED)

(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: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGR	Eugene R Kropp III 3904 SW 95 Drive	_
	Gainesville, Florida 32608	- -
MGRM	2Days LLC 17205 NW 171st Place, Alachua, Florida 32615	- -
·	AX:	>
	SAN CONTRACTOR OF THE CONTRACT	T R
(Use attachment if necessary)		1:28
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	ne date of filing: (OPTIO	ONAL) days prior
REQUIRED SIGNATURE:	ber or an authorized representative of a member.	
(In accordance with s	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury	

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Eugene R Kropp III
Typed or printed name of signee