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Office Use Only

S. HAWKES
DEC - 3 2009

EXAMINER



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SECRETARY OF STATE

S. HAWKES

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EXAMINER

11109 51330



Division of Corporations

November 20, 2009

DONALD L TILTON 1711 MORTON AVE ANN ARBOR, MI 48104

SUBJECT: DLT LLC

Ref. Number: W09000051330

We have received your document for DLT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 509A00036198

C. DENISE FAWCETT

Attorney at Law

1711 Morton Avenue Ann Arbor, Michigan 48104 (734) 945-4240 DTilton923@sbcglobal.net

November 27, 2009

Ms. Suzanne Hawkes Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Subject DLT LLC Reference number W09000051330 Letter number 509A00036198

Dear Ms. Hawkes:

I am receipt of your letter dated November 20, 2009, a copy of which is enclosed, regarding my attempt to file a Florida LLC with the name of DLT LLC. I have changed the name of the LLC to Cypress DLT LLC and through this letter I am requesting the Corporation Division of the Florida Department of State accept the filing.

I have also enclosed the documents required for filing with the name adjusted to reflect Cypress DLT LLC as the name. Your office retained my check for the filing fee in the amount of \$125.00 and I would ask that the filing fee be applied to this name.

Please process this request and should there be any problems please do not hesitate to contact me at the number or e-mail shown above. Thank you for your attention to this matter.

Sincerely,

C. Denise Fawcett

CDF:fd

Enc: Hawkes letter of November 20, 2009

Articles of Incorporation for Florida Limited Liability Company (2 pages)

Jaw Cet

COVER LETTER

	on Section f Corporations	
SUBJECT:		DLT LLC.
	Name of Lim	ited Liability Company
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.
Please return all cor	respondence concerning this ma	tter to the following:
		Oonald L. Tilton
		Name of reison
		DLT LLC.
		Firm/Company
	171	1 Morton Avenue
		Address
	Anr	Arbor, MI 48104
	Ci	ity/State and Zip Code
	DTitto	n923@sbcglobal.net for future annual report notification)
For further informat	ion concerning this matter, pleas	•
	onald L. Tilton	at (734) 665-2351 Area Code & Daytime Telephone Number
·••	k for the following amount: e \$\int_\$130.00 \text{Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	_
The name of the Limited Liability Company is:	76 9 7
CYPRESS DLT LL	
(Must end with the words "Limited Liabil	lity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company 18:
Principal Office Address:	Mailing Address:
9221 Museo Circle #102	1711 Morton Avenue
Naples, FL 34114	Ann Arbor, MI 48104
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Michael W. Le	eonard P.A.
Name	
1614 Color	nial Blvd
Florida street address (P.O.	Box NOT acceptable)
_ Ft. Myers, FL 33907	FL
City, State, a	nd Zip
Having heen named as registered agent and to a	accept service of process for the above stated limited

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 (REOUIRED)

(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:

UNACDU - Manager	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	r
MGR	Donald L. Tilton 25 8
	Ann Arbor, MI 48104
The second secon	

(Use attachment if necessary)	
CLEV: Effective date if other th	an the date of filing: (OPTIONAL)
effective date is listed, the date m 90 days after the date of filing.)	nust be specific and cannot be more than five business days pr
effective date is listed, the date model of the date of filing.) REQUIRED SIGNATURE:	<u> </u>
effective date is listed, the date means of the days after the date of filing.) REQUIRED SIGNATURE:	weld L. The member of a member.
effective date is listed, the date me 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document.	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution and constitutes an affirmation under the penalties of perjury
effective date is listed, the date moderate of days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance of this document.	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution and the constitutes an affirmation under the penalties of perjury atted herein are true.)

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)