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SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB 16 PM 1:51

TIMOTHY H. WELLS

Attorney at Law and Certified Family Mediator

124 South Waukesha Street

Post Office Box 155

Bonifay, Florida 32425-0155

(850) 547-3644 Telephone

(850) 547-5555 Fax Number



TO: Registration Section
Division of Corporations

SUBJECT: DMP Propertites, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy H. Wells
Post Office Box 155
Bonifay, FL 32425

E-mail address (to be used for future annual report notification): thw2@embarqmail.com

For further information concerning this matter, please call:

Timothy H. Wells at (850) 547-3644

Enclosed is a check for the following amount: \$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



**ARTICLES OF ORGANIZATION
OF
DMP PROPERTIES, LLC**

ARTICLE I - NAME

The name of the limited liability company is DMP Properties, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3311 Bonifay-Chipley Road
Bonifay, Florida 32425

Mailing Address:

3311 Bonifay-Chipley Road
Bonifay, Florida 32425

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

3311 Bonifay-Chipley Road
Bonifay, Florida 32425

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.



Maureen E. Pitts
3311 Bonifay-Chipley Road
Bonifay, Florida 32425

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Douglas M. Pitts
3311 Bonifay-Chipley Road
Bonifay, Florida 32425

MGMR

Maureen E. Pitts
3311 Bonifay-Chipley Road
Bonifay, Florida 32425

REQUIRED SIGNATURE:

Douglas M. Pitts
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.)

Douglas M. Pitts
Typed or printed name of signee