10000019779

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
: (Business Entity Name)
(Document Number)
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10 FEB 22 PH 4: 24
SEGRETARY OF STATE
TAIL AHASSEE FLORING

T. HAMPTON

FEB 2 2 2010

EXAMINER



COVER LETTER

TO:	Registration Division of C	Section Corporations					
SUBJE	ECT:	Del	tona	Lake	s LLC		
		Name of Limit	ed Liab	ility Con	ıpany		
The en	closed Articles	of Organization and fee(s) are	submitt	ed for fil	ing.		
Please	return all corre	spondence concerning this matt	er to th	e followi	ng:		
				Niemi			
			Name o	of Person			
			Firm/C	Company			
		98	6 Dav	vson D	r.		
			Ad	dress			
				FI 327 and Zip Co			
		stealth	19363	@yaho	oo.com		
For fur	ther informatio	E-mail address: (to be used in concerning this matter, please	for future	e annual r	eport notificati	on)	
		aul Niemi	_ at (407	_)	40	63-9363
	Nam	ne of Person		Area Co	ode & Daytime	: Telep	phone Number
Enclos	sed is a check	for the following amount:					
/]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified (ling Fee & Copy opy is enclosed	i)	\$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		Registr Division Cliftor 2661 E	Courier Add ration Section on of Corpora Building Executive Cer	itions	



RECEIVED

10 FEB -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2010

PAUL NIEMI 986 DAWSON DR DELTONA, FL 32725

SUBJECT: DELTONA LAKES LLC Ref. Number: W10000003641

We have received your document for DELTONA LAKES LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 410A00001919



RECEIVED . 10 FEB 22 PM 4: 21

DEPARTICITY OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

February 10, 2010

PAUL NIEMI 986 DAWSON DR DELTONA, FL 32725

SUBJECT: DELTONA LAKES LLC Ref. Number: W10000003641

We have received your document for DELTONA LAKES LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 010A00003478

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is	:
	Deltona Lak	es LLC
(Must e	nd with the words "Limited Liabi	ility Company," "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address a		rincipal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
986 Dawson Dr. De	ltona FI 32725	986 Dawson Dr. Deltona Fl 32725
The name and the Flor	rida street address of the Paul N	
	Name	
	986 Daw	son Dr.
	Florida street address (P.O	. Box <u>NOT</u> acceptable)
	Deltona Fl 32725	FL
	City, State, a	and Zip
liability company o registered agent and o statutes relating to to	at the place designated in agree to act in this capacit he proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

10 FEB 22 PM 4: 24 SECRETARY OF STATE

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: (OPTIONA
effective date is listed, the date must be	date of filing: (OPTIONA e specific and cannot be more than five business day
effective date is listed, the date must be	
effective date is listed, the date must be	
effective date is listed, the date must be 0 days after the date of filing.)	
effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business day
effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	e specific and cannot be more than five business day
effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sec	e specific and cannot be more than five business day for an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated here.	e specific and cannot be more than five business day for an authorized representative of a member.

\$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
10 FEB 22 M + 24
SECRETARY OF STATE
ALLAHASSEE, FLORIDA