

L100000 027847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400171324954

03/12/10--01035--021 **155.00

RECEIVED
10 MAR 12 PM 2:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR 12 2010
EXAMINER

FILED
10 MAR 12 PM 3:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

March 12, 2010

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 12 PM 3:38

Re: **Domicile Association Management, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Domicile Association Management, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)
---	--	--	---

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

h:\tax\rap\springer\lfr\lfrs\lfr 20100312 dam llc arts.doc
019924.100283

**ARTICLES OF ORGANIZATION
OF
DOMICILE ASSOCIATION MANAGEMENT, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Domicile Association Management, LLC.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

3809 Piney Grove Drive
Tallahassee, Florida 32311-3608

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

James C. Springer
3809 Piney Grove Drive
Tallahassee, Florida 32311-3608

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.



James C. Springer, Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 12 PM 3:38

**ARTICLE 4.
Management**

The Limited Liability Company shall be manager-managed; and the name and address of the Manager are as follows:

James C. Springer, Manager

3809 Piney Grove Drive
Tallahassee, Florida 32311-3608

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 4th day of March, 2010.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

DOMICILE LIFESTYLES, LLC,
a Florida limited liability company

By: James C. Springer
James C. Springer, Managing Member