

L10000030501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

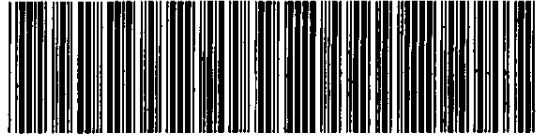
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100171977311

03/18/10--01030--010 \*\*130.00

2010 MAR 18 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

MAR 19 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DEMPSEY SERVICES  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY P. DEMPSEY  
Name of Person

DEMPSEY SERVICES  
Firm/Company

765 N.E. ALTARA LN.  
Address

PALM BAY FLA. 32907  
City/State and Zip Code

JANIEDEMPSEY@BELL SOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANIE DEMPSEY at 321 728-8974  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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 FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DEMPSEY SERVICES "LLC."

(Must end with the words "Limited Liability 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:**

~~765 N.E. TIMOTHY DEMPSEY~~  
765 N.E. ALTARA LN  
PALM BAY FLA. 32907

**Mailing Address:**

TIMOTHY DEMPSEY  
765 N.E. ALTARA LN  
PALM BAY FLA. 32907

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TIMOTHY DEMPSEY  
Name

765 N.E. ALTARA LN  
Florida street address (P.O. Box **NOT** acceptable)  
Palm BAY FL 32907  
City, State, and Zip

2010 MAR 18 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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)

FILED

2010 MAR 18 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

TIMOTHY P DEMPSEY  
165 N.E. ALTARA LN  
PELMBAY FL 32907

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

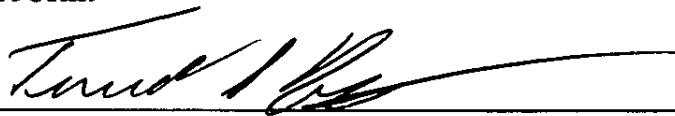
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

TIMOTHY P DEMPSEY

Typed or printed name of signee

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)