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EFFECTIVE DATE

3/30/10

FILED
10 MAR 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins MAR 23 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DL & EM PROPERTIES, LLC

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:

Deborah Lynn Warren

Name of Person

Firm/Company

5945 Doraville Drive

Address

Port Orange, FL 32127

City/State and Zip Code

shelladw@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Lynn Warren

Name of Person

at (386) 212-3892

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

DL & EM PROPERTIES, 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:

5945 DORAVILLE DRIVE
PORT ORANGE, FL 32127

Mailing Address:

SAME AS OFFICE

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:

DEBORAH LYNN WARREN

Name

5945 DORAVILLE DRIVE

Florida street address (P.O. Box NOT acceptable)

PORT ORANGE, FL 32127

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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 _____

DEBORAH LYNN WARREN _____

5945 DORAVILLE DRIVE _____

PORT ORANGE, FL 32127 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 30, 2010. (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.)

DEBORAH LYNN WARREN _____

Typed or printed name of signee

FILED
10 MAR 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)