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(Address)

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(City/State/Zip/Phone #)

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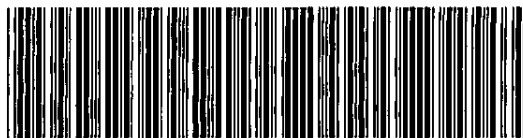
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS



*Carlile Patchen & Murphy* LLP  
ATTORNEYS AT LAW

Writer's Direct Line: (614) 628-0802  
Writer's E-Mail Address: mcarrion@cpmlaw.com

May 6, 2010

**FEDEX STANDARD OVERNIGHT**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: DLS Properties, LLC

Dear Sir or Madam:

Enclosed herewith are the following documents to register DLS Properties, LLC in the State of Florida:

- Cover letter
- Two copies of the "Articles of Organization"
- Filing fee check in the amount of \$125.00

Please return a date-stamped copy of the Articles to our office in the postage-paid envelope provided. If you have any questions about or problems with this filing, please contact me. Thank you.

Very truly yours,

CARLILE PATCHEN & MURPHY LLP

Michelle Carrion  
Paralegal

MXC/MXC/848618.1  
114756.001

Enclosures

cc: Anthony Delligatti, Jr. (via e-mail, no encl.)  
Stephen D. Enz (via e-mail, no encl.)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DLS 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:

MICHELLE CARRION, PARALEGAL

Name of Person

CARLILE PATCHEN & MURPHY LLP

Firm/Company

366 EAST BROAD STREET

Address

COLUMBUS, OH 43215

City/State and Zip Code

SELSEA@ECSCPA.COM

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

For further information concerning this matter, please call:

STEPHEN D. ENZ

Name of Person

at ( 614 ) 228-6135

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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

DLS 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:**1118 Circle on the Green  
Columbus, OH 43235**Mailing Address:**SALE**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:

Steven D. Elsea

Name

16247 Edgemont Dr.Florida street address (P.O. Box **NOT** acceptable)Ft Myers FL 33909

City, State, and Zip

10 MAY 10 PM 12:25

FHB  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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.*

Steven D. Elsea

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM""**Name and Address:**Steven D. Elsea  
1118 Circle on the Green  
Columbus OH 43235John L. Vickers  
1911 Jewett Rd.  
Powell Rd 43065Brian S. Elsea  
3904 Rue De Brittany  
Columbus OH 43221

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 3 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.)

Steven D. Elsea

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)