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**EXAMINER** 

## **COVER LETTER**

TO: **Registration Section** 

**Division of Corporations** 

SUBJECT:

**D&G AMUSEMENTS, 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:

## **ELLIS EUGENE GOSNELL**

Name of Person

Firm/Company

## 9720 PINEAPPLE PRESERVE

Address

#### FORT MYERS, FL 33908

City/State and Zip Code

#### icmg@embarqmail.com

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

For further information concerning this matter, please call:

#### **ELLIS EUGENE GOSNELL**

Name of Person

at (239) 823-3339

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

\$160.00 Filing Fee, Certificate of Status & (additional copy is enclosed) 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:

## D&G Amusements, 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:

#### Mailing Address:

9720 Pineapple Preserve Court Fort Myers, Florida 33908

9720 Pineapple Preserve Fort Myer, Florida 33908

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:

Ellis Eugene Gosnell Name

3624 S.E. 1st Place Florida street address (P.O. Box NOT acceptable)

> Cape Coral, FL 33904 City, State and Zip

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:

<u> Fitle:</u>	Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM Ellis Eugene Gosnell

3624 S.E.1<sup>st</sup> Place

Cape Coral, FL 33904

MGRM Dale Mangione

9720 Pineapple Preserve Fort Myers, FL 33908 OWILED STATE

(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 of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes affirmation under the penalties of perjury that the facts stated herein are true.)

# Ellis Eugene Gosnell

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)