

L10000068957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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JUN 28 PM 1:31
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S. HAWKES
JUN 18 2010
EXAMINER

S. HAWKES
JUN 29 2010
EXAMINER
S. HAWKES
JUN 28 2010
EXAMINER

610-27506

610-27506



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2010

STEVEN MARFONGELLA
8090 LAKE SAN CARLOS CIRCLE
FORT MYERS, FL 33967

SUBJECT: D & S SERVICES & MAINTENANCE
Ref. Number: W10000029506

We have received your document for D & S SERVICES & MAINTENANCE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 710A00015197

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D & S Services, 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:

Steven Marfongella

Name of Person

Firm/Company

8090 Lake San Carlos Circle

Address

Fort Myers, Florida 33967

City/State and Zip Code

smarfongella@gmail.com

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

For further information concerning this matter, please call:

Steven Marfongella

Name of Person

at (239)

280-6964

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:

D & S SERVICES & HANDYMAN 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:

8090 Lake San Carlos Circle
Fort Myers, Florida 33967

Mailing Address:

8090 Lake San Carlos Circle
Fort Myers, Florida 33967

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 Marfongella

Name

8090 Lake San Carlos Circle

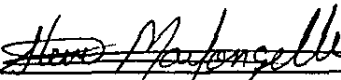
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

FL 33967

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Steven Marfongella

8090 Lake San Carlos Circle

Fort Myers, Florida 33967

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
FORT MYERS, FLORIDA

(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.)

Steven Marfongella

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)