

L10000087123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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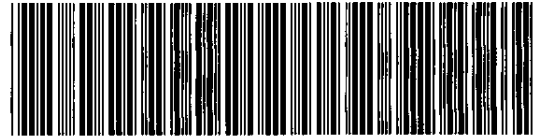
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300184023513

Effective Date 08/15/10

08/18/10--01016--021 **160.00

FILED
10 AUG 18 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 19 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DASUMAKIM 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:

SUE KIM MCCREARY

Name of Person

DASUMAKIM LLC

Firm/Company

5686 POND PINE POINT

Address

OVIEDO FL 32765

City/State and Zip Code

SUEKIMMCCREARY@YAHOO.COM

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

For further information concerning this matter, please call:

SUE KIM MCCREARY

Name of Person

at (407)

538-~~5382~~ 3543

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DASUMAKIM 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:

5686 POND PINE POINT

OVIEDO FL 32765

Mailing Address:

5686 POND PINE POINT

OVIEDO FL 32765

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.)

Effective Date 08/15/10

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

SUE KIM MCCREARY

Name

5686 POND PINE POINT

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

OVIEDO

FL 32765

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)

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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

SUE KIM MCCREARY

5686 POND PINE POINT

OVIDO FL 32765

MGRM

DAVID R MCCREARY

5686 POND PINE POINT

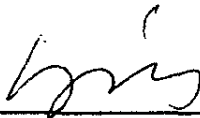
OVIDO FL 32765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 15, 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.)

Sue Kim McCreary

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)

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