## 1000092863

(Req	uestor's Name)	
(Addi	ess)	<del></del>
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number;	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	:
		:

Office Use Only

G. MCLEOD
SEP 3 2010
EXAMINER



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Enter pri Name of Limi	SES LLC ted Liability Company	
The enclosed Articles of 0	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
	mothy B.	Dutcher Name of Person	
		Firm/Company	
	1	1 min company	
2608	1 Ancuda.	Address	
- Punto	· Gorda,	FL, 33983	
<u>ــــــــــــــــــــــــــــــــــــ</u>		ry/State and Zip Code	
tim.	E-mail address: (to be used	mcast.net for future annual report notification)	
For further information co	ncerning this matter, please	e call:	
Timothy Name of	B. Dutcher Person	at (Area Code & Daytime Telep	156 hone Number
Enclosed is a check for	the following amount:		
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Ci	rcle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
	Drises, LLC us "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
2608/Ancuda Dr. Punta Gorda, FL.	33983 Punta Gorda, FL 3398.	3
	nt, Registered Office, & Registered Agent's Signatur e as its own Registered Agent. You must designate an individual or anotheration.)	
The name and the Florida street ad	Idress of the registered agent are:	
Timot	hy R. Dutcher Name	O SEP -
26081 PI	Ancuda Trive Plorida street address (P.O. Box NOT acceptable)	2 A
<u> Punta</u>	City, State, and Zip	00
		3 3 4 4 . 1

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)
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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 9 - 1 - 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.)

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)

Typed or printed name of signee