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SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

COVER LETTER

TO: Registe	ration Section h of Corporations	et v.
SUBJECT: D	TSHoltze, LLC	
30bjEc1. <u>-</u>		ted Liability Company
The enclosed A	ticles of Organization and fee(s) are	submitted for filing.
Please return all	correspondence concerning this ma	tter to the following:
Guy Jo	hnson	
<u> </u>		Name of Person
DTSH	loltze	
		Firm/Company
1681 S	uccess Drive	
	* ** # . #	Address
Canton	ment, FL 32533	
		ty/State and Zip Code
guy.johi	nson@dtsnet.us	for future annual report notification)
	•	·
For further infor	mation concerning this matter, pleas	e call:
Julia Crary		at (850) 937-8566
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a c	heck for the following amount:	
□\$125.00 Filing	g Fee \$\boxed{130.00 Filing Fee & Certificate of Status}\$	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$155.00 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 Con	npany is:
DTSHoltze, LLC	
(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address.	of the maintained office of the Limite of Links (Communication)
Principal Office Address:	of the principal office of the Limited Liability Company is <u>Mailing Address:</u>
Principal Office Address:	Mailing Address:

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

Malcolm	E. Gibson	TA'S	
	Name	10 S SECR LLA	
5740 Tamarack Drive		III III	
	Florida street address (P.O. Box NOT acceptable)	P 14 TARY ASSE	
Pace	FL 32571	F - P	П
	City, State, and Zip	STA: LOR	D

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:

<u>Title:</u> "MGR" = M "MGRM" =	fanager Managing Member	Name and Address:	
MGR		Diversified Technology Solutions, IncGuy Johnson	
		1681 Success Drive	
		Cantonment, FL 32533	
•			
MGRM		Holtze Construction CompanyRex Holtze	
		412 Pavonia Street	
		Sioux City, IA 51101	
···			
			
(Use attachr	ment if necessary)		
(Ose attacin	nent ii necessary)		
ARTICLE V: Effec	rtive date if other than the da	tte of filing: (OPTIONAL)	
(If an effective date	is listed, the date must be s	pecific and cannot be more than five business days pri	ior
to or 90 days after t		premie and cannot be more than five business days pri	UI
to or so days unter t	ne date of ming.		
	-		
REOUIREI	D SIGNATURE:		
		Å	
	lh	u badu	
	Signature of a member of	r an authorized representative of a member.	
		on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury a are true.)	
	Guy E. Johnson		
		d 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)