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(Address)
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2010

BRADFORD URICCHIO 3830 AIDEN PL APOPKA, FL 32703

SUBJECT: DB ENTERPRISES LLC Ref. Number: W10000056670

We have received your document for DB ENTERPRISES LLC 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L02000006368.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 710A00028338

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: DB Enterprises LLC
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Dradford R. Uricchio Name of Person DB Enterprises LLC Firm/Company
-	Name of Person
	DB Enterprises LLC
-	Firm/Company
	3830 Riden Pl
-	Address
	Apopka, FL 32703 City/State and Zip Code
-	City/State and Zip Code
-	db enterprises Ilc Q Jahoo. com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Brad Uricehie at (407) 489-1086 Name of Person Area Code & Daytime Telephone Number Edis a check for the following amount: Filing Fee \$\infty\$130.00 Filing Fee & \$\infty\$155.00 Filing Fee & \$\infty\$160.00 Filing Fee, Certificate of Status & \$\infty\$160.00 Filing Fee & Certificate of Status & \$\infty\$160.00 Filing Fee, Certificate of Status & \$\infty\$160.00 Filing Fee & Certificate Of Status & \$\
Enclose	ed is a check for the following amount:
\$125.00	ed is a check for the following amount: Filing Fee \$\int \\$130.00 \text{ Filing Fee & } \int \\$155.00 \text{ Filing Fee & } \int \\$160.00 \text{ Filing Fee, } \int \text{ Certificate of Status & } \int \text{ Certified Copy & Certificate of Status & } \int Certified Copy & Certified Cop
	Malling AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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		
BD Home Buyer	- LCC	
DE Exterprise	5 C	
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	minoinal affice of the Limited Li	shilitu Commonu io.
The mailing address and street address of the p	incipal office of the Limited Li	ability Company is.
Principal Office-Address:	Mailing-Address:	
3830 Siden Pl	Samo	
3830 Aiden Pl Apalka FL 32703		
		_
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered Company Company Cannot Serve as its own Registered Company Co		
business entity with an active Florida registration.)	stered Agent. Tou must designate an mary.	iddai or anodior
The name and the Florida street address of the	registered agent are:	
	S(A)(A)	
<u> </u>	7910	•
Name	$^{\prime}$ $^{\prime}$	\mathcal{A}
180 Yark A	th N Juko	XI 1
Florida street ad	Idress (P.O. Box <u>NOT</u> acceptable)	•
Wintertark	- FL 32789	
City, S	tate, 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		
registered agent and agree to act in this capaci		
statutes relating to the proper and complete p accept the obligations of my position as reg		_
accept the obligations of my position as reg	isierea ageni as providea jor in C	
	(1 Km)	2011 SE1
	MOHI	TAHE IT
Registered Agent's Signa	iture (KEQUIKELY)	
		(7) 27 (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
(CONTIN	NUED)	
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Page 1 of	2	- W

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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<u>Fitle:</u> "MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Bradford R. Uricchie 3830 Aiden Pl Apapha, FL 32703
MGRM	Doreen Mejias 3830 Riden Pl Apopka, FL 32703
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
LE V: Effective date, if other than	n the date of filing: (OPTIONA est be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of I am aware that any false in the section constitutes any false in the section constitutes and affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are affirmation of I am aware that any false in the section constitutes are also as a section constitutes are a section constitutes are also as a section constitutes are also as a section constitute and the section constitutes are a section c	st be specific and cannot be more than five business day 3 A A C C C C C C C C C C C C C C C C C
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of I am aware that any false is constitutes a third degree of	ember or an authorized representative of a member. 10. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 10. information submitted in a document to the Department of State (felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of I am aware that any false is constitutes a third degree of	ember or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)