

L11000052481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

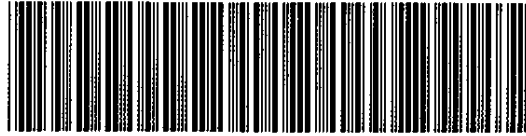
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800200352368

04/05/11--01018--014 **78.75

05/04/11--01005--008 **46.25

FILED
2011 MAY -3 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY -4 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2011

DANNY SPEARS
DHI OF CENTRAL FLORIDA LLC
605 E. RIDGEWOOD STREET
ALTAMONTE SPRINGS, FL 32701

SUBJECT: DHI OF CENTRAL FLORIDA LLC
Ref. Number: W11000022649

We have received your document for DHI OF CENTRAL FLORIDA LLC and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$46.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00009787

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DHI OF CENTRAL FLORIDA 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:

DANNY SPEARS

Name of Person

DHI OF CENTRAL FLORIDA LLC

Firm/Company

605 EAST RIDGEWOOD STREET

Address

ALTAMONTE SPRINGS, FLORIDA 32701

City/State and Zip Code

DANNYSHomeimprovement27@yahoo.com

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

For further information concerning this matter, please call:

DANNY SPEARS

Name of Person

at (407) 416-1191

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

This is a request for different
Name. I already sent money order,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DHI OF CENTRAL FLORIDA 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:

605 EAST RIDGEWOOD STREET
ALTAMONTE SPRINGS, FL 32701

Mailing Address:

605 EAST RIDGEWOOD STREET
ALTAMONTE SPRINGS, FL 32701

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:

DANNY SPEARS

Name

605 EAST RIDGEWOOD STREET

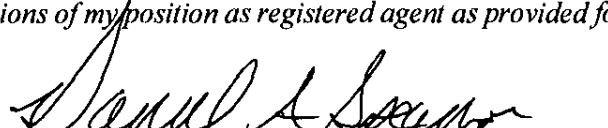
Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRINGS FL 32701

City, State, and Zip

FILED
2011 MAY - 8 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

RECEIVED
11 APR 28 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

DANNY SPEARS

605 EAST RIDGEWOOD STREET

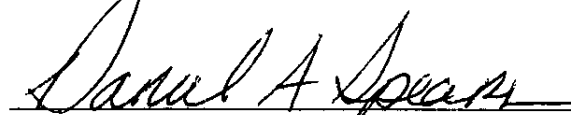
ALTAMONTE SPRINGS, FL 32701

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

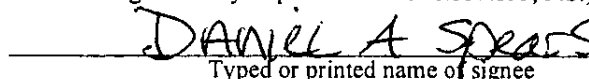
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)


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)

FILED

2011 MAY -3 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA