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Special Instructions to Filing Officer:

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EXAMINER

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SEGRETARY OF STATE
TAULAHASSEE, FLORIDA

COVER LETTER ..

TO:	Registratio Division of	n Section Corporations	.et
SUBJI	_{ECT:} Dea	ncar LLC	
00202		Name of Limit	ed Liability Company
The en	closed Article	s of Organization and fee(s) are	submitted for filing.
Please	return all corr	espondence concerning this matt	er to the following:
	Jeff De	Angelis	
			Name of Person
	Deanca	ar LLC	
			Firm/Company
	12086 F	t Caroline Rd #101	
			Address
,	Jacksonv	ville FL 32225	·
		Cit	y/State and Zip Code
	jeff@rock	nhomes.com	or future annual report notification)
		•	,
For fur	ther informati	on concerning this matter, please	e call:
Jeff I	DeAngelis	•	at (904) 962-7625
	Na	me of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check	k for the following amount:	
\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

A	R	TI	CL	Æ	1	_	N	am	e:
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The name of the Limited Liability Company is:

Deancar 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:

Mailing Address:

12086 Ft Caroline Rd #101

Jacksonville FL 32225

12086 Ft Caroline Rd #101

Jacksonville FL 32225

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:

Jeff DeAngelis

Name

3762 Five Farms Ct

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

Jacksonville

. 32225

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)

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" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	Jeff DeAngelis 3762 Five Farms Ct Jacksonville FL 32225
MGRM	Matthew J. Carroll 4053 Leeward Point Jacksonville FL 32225
(Use attachment if nagagagan	
	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	
-	Ta 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.)

Jeff DeAngelis

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)