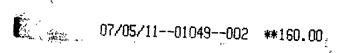
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(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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NOTIFIED BY BESTATE ANASSES FINANCES

C. LEWIS

JUL - 6 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations
SUBJECT: DEAGON HENET 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:
LINDA HEATH Name of Person
Firm/Company
6720 N.W. 47 12 AVE
Address
OCALA FL 34487 City/State and Zip Code
PAVEN HO 1 @ YANOO . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (357) 895 - 9557 Area Code & Daytime Telephone 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) \$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

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: SAME OCALA, FL 34487 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.)	ARTICLE I - Name: The name of the Limited Liability Company is	3 :		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: SAME OCALA, FL 34487 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.)	DRAGONHO	ner, LLC		
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: SAME OCALA FL 34487 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.)	(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")		
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.)		orincipal office of the Limited Liability C	ompany	is:
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.)	Principal Office Address:	Mailing Address:		
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.)	620 NN 47 12 AN	SAME		
(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.)	OCALA FL 34482			
The name and the Florida street address of the registered agent are: LINDA HATM Name LINDA HATM Name Florida street address (P.O. Box NOT acceptable) OCALA FL 34487 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited	(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the LINDA HEAD Name LUNDA HEAD Florida street address of CCACA City, St	registered agent are: The State, and Zip	2011 JUL -5 EM M 05	T T
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	liability company at the place designated in	this certificate, I hereby accept the appoin	tment as	

Registered Agent's Signature (REQUIRED)

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.,

(CONTINUED)

FILED

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	SECRETARY OF TALLAHASSEE.F
MGRM	LIMPA HEATH 6220 N.W. 47 OCAZA FL, 34	+5 Aur 1482
(No otto shows of sources)		
(Use attachment if necessary) LE V: Effective date, if other t ffective date is listed, the date days after the date of filing.)	han the date of filing:	(OPTIONAL) n five business days pri
REQUIRED SIGNATURE:	du duthorized representative of a	member.

3. 7.

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)