## -11000082397

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	<u></u>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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B. KOHR JUL 18 2011 **EXAMINER** 



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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONLY 200

WALK-IN

ENTITY NAME:

DCR CAPITAL LLC

CK# 5316 FOR \$125.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

## **COVER LETTER**

Division of Corporations	
SUBJECT: DCR Capital, LLC	
	Liability Company
The enclosed Articles of Organization and fee(s) are su	ibinitted for filing.
Please return all correspondence concerning this matte	r to the following:
Richard J. McIntyre	
· · · · · · · · · · · · · · · · · · ·	Name of Person
McIntyre, Panzarella, Than	asides, et al.
	Finn/Company
6943 E. Fowler Ave.	
	Address
Tampa, FL 33617	
·	State and Zip Code
rich@mcintyrefirm.com	
	r future annual report notification)
For further information concerning this matter, please	call:
Richard J. McIntyre	at (813 ) 899-6059
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Acklress 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 Tailahassee, FL 32301

•	
ARTICLES OF ORGANIZATION FOR 1	FLORIDA LIMITED LIABILITY COMPANY (Spinis)
ADDICENT Name	
The name of the Limited Liability Company	is:
	υ, -
DCR Capital, LLC	The state of the s
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ADDICE DY ALL	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
	[ [ ]
Principal Office Address:	Mailing Address:
6943 E. Fowler Ave.	6943 E. Fowler Ave.
Tampa, FL 33617	Tampa, FL 33617
	· · · · · · · · · · · · · · · · · · ·
business entity with an active Florida registration.)  The name and the Florida street address of the Richard J. McIntyre,	•
Nau	
6943 E. Fowler	Ave.
Florida street	address (P.O. Box NOT acceptable)
Tampa	<sub>FL</sub> 33617
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as with its certificate in the comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S
$\underline{-\Delta/L}$	
Registered Agent's Sig	gnature (REQUIRED)
CONT	INUED)

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 Me	Name and Address:
MGR	Richard J. McIntyre 8943 E. Fowler Ave. Tampa, FL 33817
(Use attachment if necessa	
ARTICLE V: Effective date, if other	ner than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATUE	
(In accordance wit constitutes an affi I am aware that ar	h section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
<del></del>	RICHARD J. McINTYRE Typed or printed name of signee
Filing Rees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)