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DIVISION OF CORPORATIONS
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### **Advanced Incorporating Service, Inc.**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724

Email: orders@advancedincorporating.co Website: www.advancedincorporating.co

FOR OFFICE USE ONLY PICK ONE: CERTIFIED COPY \_\_\_\_\_PHOTOCOPY \_\_\_\_\_C.U.S. **FILING:** CORPORATION LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP \_\_\_\_FICTITIOUS NAME \_\_\_\_SERVICEMARK/TRADEMARK \_\_\_\_AMENDMENT \_\_\_FOREIGN QUALIFICATION \_\_\_\_JUDGMENT LIEN \_\_\_OTHER\_\_\_ **RETRIEVAL:** \_\_\_\_GOOD STANDING CERT/C.U.S. \_\_\_\_CERTIFIED COPY \_\_\_\_PHOTOCOPY Of\_\_\_\_ **APOSTILLE/CERTIFICATION REQUEST:** Country\_\_\_\_\_ Amount of Documents \_\_\_ TIME\_\_\_\_\_ Notes:

# ARTICLES OF ORGANIZATION FOR Depugh family management, LLC A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME

The name of the Limited Liability Company is: DePUGH FAMILY MANAGEMENT, LLC

#### **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 2164 15<sup>th</sup> Circle N., St. Petersburg, Florida 33713

#### **ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: Until dissolved pursuant to its Operating Agreement.

#### **ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the manager. The name and address of the manager is:

Yvonne E. DePugh 2164 15th Circle N.

St. Petersburg, FL 33713

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and

conditions of the admissions shall be: Additional members may be admitted only as

unanimously agreed upon by the Members as set forth in the Operating Agreement.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the

business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member

or the occurrence of any other event which terminates the continued membership of a member in

the limited liability company shall be: Only with the consent of all the remaining Members.

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Manager

by: Yvonne E. DePugh.

Dated this 21st day of July, 2011

he E. DePuah

Manager

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#### STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of July, 2011, by **Yvonne E. DePugh**, who has produced a Florida Driver bicense as identification,

Jeffrey MVLasman, Notary Public

JEFFREY M LASMAN
MY COMMISSION # DD938720
EXPIRES November 08, 2013
Fiorida Notary Service com

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: DEPUGH FAMILY MANAGEMENT, LLC
- 2. The name and address of the registered agent and office is:

JEFFREY M. LASMAN Lasman Law Firm, P.A. 1560 W. Cleveland St. St. Petersburg, FL 33713

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.

<u>July 21, 2011</u> (Date)