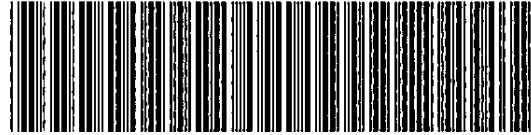


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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B. BOSTICK  
AUG 16 2011

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: downes & burke enterprises,L.L.C.**  
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:

jerome f. waite

Name of Person

downes & burke enterprises,L.L.C.

Firm/Company

3637 E. ARBOR LAKES DR.

Address

HERNANDO , FLORIDA 34442

City/State and Zip Code

JWAITE16@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

JEROME F. WAITE

Name of Person

at ( 352 ) 419-4169

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

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 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:**

MGRM

JEROME F. WAITE

3637 E. ARBOR LAKES DR.

HERNANDO , FLORIDA 34442

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

(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.)

**JEROME F. WAITE**

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)**

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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