

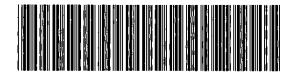
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G. MCLEOD

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EXAMINER



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SECRETARY OF STATE

COVER LETTER

€ TO:

Registration Section

Division of Corporations				
SUBJECT: DCH Pro	duction Comp	any, LLC		
Scholer.		d Liability Compar	ıy	
The enclosed Articles of Orga	unization and fee(s) are s	ubmitted for filing.		
Please return all corresponder	nce concerning this matte	er to the following:		
James Davis	3			
		Name of Person		
DCH Produc	tion Company	, LLC		
		Firm/Company		
327 Hollow (reek Ln			
		Address		
Havana, FL 32	333			
	City	/State and Zip Code		
james@dchpro		6	·	
For further information conce	mail address: (to be used for rning this matter, please	·	t nourication)	
James Davis		at (850	322-7117	
Name of Per	ion		& Daytime Telep	hone Number
	following amount: 30.00 Filing Fee & ertificate of Status	\$155.00 Filing Certified Cop (additional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.C	niling Address gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporations	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Cor	npany is:				
DCH Production Compa	ny, LLC				
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liab	pility Company is:			
Principal Office Address:	Mailing Address:				
327 Hollow Creek Ln	P.O. 3833				
Havana, FL 32333	Tallahassee, FL 32315				
	egistered Office, & Registered Agent's Sown Registered Agent. You must designate an individu				
The name and the Florida street address	ss of the registered agent are:	SECI SECI			
James Davis		SEP 27 CRETARY LAHASS			
	Name	Z7 SSE			
327 Hollow	Creek Ln	me 🕦 m			
Florid	a street address (P.O. Box NOT acceptable)	ද්දි ම ඩ			

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Havana

(CONTINUED)

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	Name and Address:
"MGRM" = Managing Membe	er -
MGR	James L. Davis Jr
	327 Hollow Creek Ln
	Havana, FL 32333
MGR	Dennis St. Pierre Charles
	PO Box 15855
	Tallahassee, FL 32317
MGR	Jessica A. Huff
	327 Hollow Creek Ln
	Havana, FL 32333
(Use attachment if necessary)	
`	son the data of Stines, 09/27/2011 (OPTIONAL)
effective date is listed, the date n	nan the date of filing: 09/27/2011 (OPTIONAL) nust be specific and cannot be more than five business days price.
00 days after the date of filing.)	must be specific and cambot be more than 11,0 business anyo pro-
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.
(In accordance with sect	tion 608.408(3). Florida Statutes, the execution of this document

(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.)

James Davis

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)