# [1000/27025

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  (Cocument Number)  (Cocument Number)  (Document Number)  (Document Number)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
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FILED

2011 NOV -7 PM 12: 30

SEUREDARY OF STATE

AND ASSET OF STATE

T. HAMPTON

NOV - 8 2011

EXAMINER

# **COVER LETTER**

Division of Corporations	
SUBJECT: DAM Consul	Iting, LLC
Sobject.	Name of Limited Liability Company
The enclosed Articles of Organizati	ion and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
David A. Morris	
,	Name of Person
DAM Consulting	j, LLC
	Firm/Company
2153 Holley Tim	ber Road
	Address
Cottondale, FL 324	
	City/State and Zip Code
dam75@cox.net	
E-mail ac	ddress: (to be used for future annual report notification)
For further information concerning	this matter, please call:
David A. Morris	at (757 ) 613-3283
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the follow	wing amount:
\$125.00 Filing Fee \$130.00 Certific	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, cate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section Registration Section of Corporations Division of Corporations

# Effective Date 1/1/12

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	A	RTI	CL	Æ	[ - ]	Nя	me	•
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The name of the Limited Liability Company is:

## DAM Consulting, LLC

(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:	<u> Mailing Address:</u>
2153 Holley Timber Road	2153 Holley Timber Road
Cottondale, FL 32431	Cottondale, FL 32431

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.)

The name and the Florida street address of the registered agent are:

David A. Morris

Name

2153 Holley Timber Road

Florida street address (P.O. Box NOT acceptable)

Cottondale FL 32431
City, State, and Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECLEIARY OF STATE

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGR	David A. Morris 2153 Holley Timber Road Cottondale, FL 32431
(Use attachment if necessary)	
	date of filing: 154N 2012 (OPTIONAL) especific and cannot be more than five business days price
REQUIRED SIGNATURE:	10 Main
•	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)

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)