L11000138865

Office Use Only



900214351299

11/28/11--01037--009 **130.00

EFFECTIVE DATE 31-01-12

11 DEC -8 PH 3: 48

B. BOSTICK
DEC - 9 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DC3 CONSULTING & INSPECTIONS LLC		
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:		
DAVID WILLIAMSON		
Name of Person		
DC3 CONSULTING & INSPECTIONS LLC		
Firm/Company		
4953 TROTT CIRCLE UNIT 1		
Address		
NORTH PORT, FL 34287		
City/State and Zip Code		
	AES I	^ A
E-mail address: (to be used for future annual report notification)	A. P. C.	j ⊒ ~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
For further information concerning this matter, please call:	253	-argerit
	mir di	
DAVID WILLIAMSON at (810) 841-9070		in process
Name of Person Area Code & Daytime Telephone Number	STATE	
Enclosed is a check for the following amount:	TE	D
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DC3 CONSULTING & INSPECTIONS 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:	Mailing Address:		
4953 TROTT CIRCLE UNIT 1 NORTH PORT, FL 34287	8820 EAGLE BAY COURT NORTH PORT, FL 34287	<u> </u>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeries entity with an active Florida registration.)	ed Office, & Registered Agen gistered Agent. You must designate an inc	dividual or another	
The name and the Florida street address of the registered agent are:		11 DEC Seliki	em lat
DAVID WILLIAMSON			AND ANDRESS
Nam	ne	S. D	· vy
8820 EAGLE BA	AY COURT	THE PARTY OF	, greet Sugar
Florida street a	address (P.O. Box NOT acceptable)	3: L 51/VI LORI	
NORTH PORT	_{FL} 34287	ATE RIDA	
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)

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 Member	Name and Address:
MGRM	DAVID WILLIAMSON 8820 EAGLE BAY COURT NORTH PORT, FL 34287
	TECH TO THE
	SSI CO TI
	3: 4.8 FI ORIDA
(Use attachment if necessary)	January 1, 2012 date of filing: NOVEMBER 1, 2011. (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 1, 2011 (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.)

DAVID WILLIAMSON

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)



November 29, 2011

DAVID WILLIAMSON 4953 TROTT CIRCLE UNIT 1 NORTH PORT, FL 34287

SUBJECT: DC3 CONSULTING & INSPECTIONS LLC

Ref. Number: W11000059875

We have received your document for DC3 CONSULTING & INSPECTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Keep this part for your records.

Barbara Bostick Regulatory Specialist II

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 11-03-2011

EMPLOYER IDENTIFICATION NUMBER: 45-3730904

FORM: SS-4

Letter Number: 111A00026720

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idealahdahahdahadan Baradah dalah

DC3 CONSULTING & INSPECTIONS LLC DAVID WILLIAMSON SOLE MBR 4953 TROTT CIR UNIT 1 NORTH PORT, FL 34287