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SLORUTARY OF STATE

T. HAMPTON

EXAMINER

## **COVER LETTER**

	ion Section of Corporations			
SUBJECT:	DAVID C	DRRE:A	LLC	<u></u>
	Name of Limited	Liability Company		
The enclosed Artic	les of Organization and fee(s) are su	bmitted for filing.		
Please return all co	rrespondence concerning this matter	to the following:		
	DAVID COK	REIA Jame of Person		
·			CORRE;	a LLC
	201 S. Flag	In Al	R	
		11441411		33060
	Pompana B- City/S Ave 19999 D E-mail address: (to be used for	State and Zip Code  Hotma  future annual report no	tification)	
	ation concerning this matter, please c		·	
DAVIS	CORREIA	at (S6/) Area Code & D	3a2 - 2 aytime Telephone Num	636 ber
Enclosed is a che	ck for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is en	Certific nclosed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration Son Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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:    Joint S., Flagher Are   Po Bot Sosiz     Pompana Boach, Ft   Light house pr. Fl. 4   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:
Name  (20) S. Flagler Acc 44/6  Florida street address (P.O. Box NOT acceptable)  Pompono Benn FL 33060  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 a 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)  Resistered Agent's Signature (REQUIRED)
(CONTINUED)  (CONTINUED)  Page 1 of 2  (CONTINUED)  (CONTINUED)  (CONTINUED)

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:
MGR	DAVID CORREIA  DOI S. Flag IN AVE #416  FOMPOMO BEACH FI 33060
<del></del>	
	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days p
ICLE V: Effective date, if other than the	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days p
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation un I am aware that any false info	t be specific and cannot be more than five business days proceed to the specific and cannot be more than five business days proceed to the specific and cannot be more than five business days proceed to the specific and cannot be more than formation submitted in a document to the Department of State
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation under I am aware that any false inforcement of the constitutes at third degree felority.)	aber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
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