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02/06/12--01007--010 **155.00

Effective Date 1/31/12

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SECRETARY OF STATE
DIVISION OF CORPORATION

FEB =7 2012

P 4444

COVER LETTER

TO: Registration Section Division of Corporat	ons
SUBJECT: Dark Rive	Manufacturing, LLC
	Name of Limited Liability Company
The enclosed Articles of Organ	zation and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
Richard T Ro	
	Name of Person
Dark River M	anufacturing, LLC
	Firm/Company
14127 48th St	·
	Address
Live Oak, FL 32	060
	City/State and Zip Code
dkfr61@yahoo.co	om ail address: (to be used for future annual report notification)
For further information concern	
Richard T Roberson	at (386) 965-4902
Name of Perso	
Enclosed is a check for the for	ollowing amount:
	.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ing Address stration Section sion of Corporations Box 6327 hassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Effective Date 131/17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DO		T7	•	. .			
Α	RT	IC.I	æ		Na	mı	e:	

The name of the Limited Liability Company is:

Dark River N	Manufacturing,	LLC
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(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:
14127 48th Street	14127 48th Street
Live Oak, FL 32060	Live Oak, FL 32060

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:

Richard T	Roberson	
	Name	
14127 4	8th Street	
	Florida street address (P.O. B	ox NOT acceptable)
Live Oak	FL	32060
	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

SECRETARY OF STATE DIVISION OF COMPORATIONS

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

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

Roberson	
th Street	·
FL 32060	
·	
O1.31.2012 cannot be more than five	
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	Ash uson

(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.)

Richard T Roberson

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)