## 12000026739

Dawn Cavallere (Requestor's Name)			
DLC+R Sugart, UC  (Address)			
9101 Wood bay Dr (Address)			
(Address)  Tampa 4. 33626  (City/State/Zip/Phone #)			
(City/State/Zip/Pnone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Effective Date 02/15/12

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FILED
2012 FEB 23 PH 2: 27
SECRETARY OF STATE ASSEE, FLORIDA

J. BRYAN FEB 24 EXA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:		
DLC HR Support LL (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC	2.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Lim	nited Liability Company is:
Principal Office Address:	Mailing Address:	Effective Date 02/15/13
9101 Woodbay Dr Tampa Fe 33626	900 Wo Tampa	odbay Dr Fi 3626
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered A	an individual or another
The name and the Florida street address of the re-	egistered agent are:	FILE POUR FEB 22 P
Tampa	ress (P.O. Box NOT accepta	PH 2: 27 PH STATE EE, FLORIDA
City, State	te, 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..

Dawn Z Cavalure (REQUIRED)

(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

Mgr.

Daum Cavaliere

Glow Woodbay Dr.

Tampa Fr. 33626

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:  $\frac{2-15-20/2}{2000}$ . (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.)

## **<u>REQUIRED</u>** 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.)

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)