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SECRETARY OF STATE
AND ASSEFT FLORIDA

J. BRYAN

MAR 1 3 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DVL Painting & Construction 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:	
Wilbert Leon Name of Person	ا ت
DVL Painting + Construction, LLC Firm/Company	M V
12712 WHITE BLUFF RD SE ST	
HUDSON, FL 34669	
City/State and Zip Code  Will play 6666 Dhotmail.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Wilbert Leon at (813) 770 - 2730  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & }\ \text{\$155.00 Filing Fee & }\ \text{\$160.00 Filing Fee,}\ \text{\$Certificate of Status & }\ \text{\$Certified Copy (additional copy is enclosed)}\ \end{additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## 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.," ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 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: Florida street address (P.O. Box NOT acceptable) 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)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	WILBERT LEON 12712 WHITE BLUFF RD HUDSON, FL 34669
	TALLAHASS
	LORIDA LORIDA
(Use attachment if necessary)	ne date of filing: (OPTIONAL
ffective date is listed, the date must	be specific and cannot be more than five business days
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