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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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B. KOHR
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EXAMINER



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06/11/12--01030--023 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Davis House ONE 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:
Aaron Davis
Name of Person
Davis House ONE LLC
Firm/Company
10830 Haydn Dr.
Address
Boca Raton FL 33498
City/State and Zip Code
ajdavis425@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aaron Davis 414-3755
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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:

Davis House ONE 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:	<u>Mailing Address:</u>	
10830 Haydn Dr.	10830 Haydn Dr.	
Boca Raton Fl 33498	Boca Raton FL 33498	

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:

Aaron Davis	
	Name
10830 Haydi	n Dr
Florida str	eet address (P.O. Box NOT acceptable)
Boca Raton	_{FL} 33498
	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)

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	Name and Address:
"MGRM" = Managing N	ember
MGRM	Aaron Davis
	10830 Haydn Dr.
	Boca Raton FL 33498
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	·
	
(Use attachment if neces	ary)
	(OPTIONAL)
CLE V: Effective date, if	her than the date of filing: (OPTIONAL)
	late must be specific and cannot be more than five business days pric
days after the date of fi	ig.)
REQUIRED SIGNATU	RE:

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.)

Aaron Davis

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)