

L12000088838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

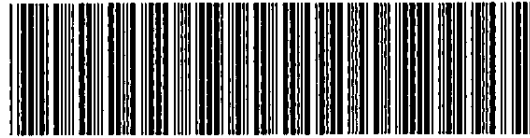
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



500237100935

07/05/12--01006--020 \*\*130.00

EFFECTIVE DATE 6/27/2012

PAILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL -5 PM 3:54

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B. KOHR

JUL - 9 2012

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

EFFECTIVE DATE 8/27/2012

SUBJECT: D and E Installers 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:

David Endicott MGR EZRA Barnett  
Name of Person

D and E Installers LLC  
Firm/Company

5147 SW 113<sup>TH</sup>, LN  
Address

Lake Butler Florida 32054-8093  
City/State and Zip Code

David58w@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Endicott at (567) 224-7080  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

12 JUL 2012  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
PH 3:54 PM

EFFECTIVE DATE 6/27/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED IN STATE  
SECRETARY OF CORPORATION'S  
DIVISION  
12 JUL -5 PM 3:54

ARTICLE I - Name:

The name of the Limited Liability Company is:

D and E Installers Limited Liability Company

(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:

D and E Installers LLC  
5147 SW 113<sup>th</sup> LN  
Lake Butler FL 32054

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Marrin Seary  
Name

12034 Patton St  
Florida street address (P.O. Box **NOT** acceptable)

Worthington FL 32699  
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.*

Marrin Seary  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

David Endicott  
5147 SW 113th Ln  
Lake Butler, FL 32054-8093

MGRM

Ezra Barnett  
5147 SW 113th Ln  
Lake Butler 32054-8093

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6-<sup>27</sup>~~02~~-12 (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.)

**REQUIRED SIGNATURE:**

David W Endicott  
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.)

David ENDICOTT  
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)