

L12000098326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

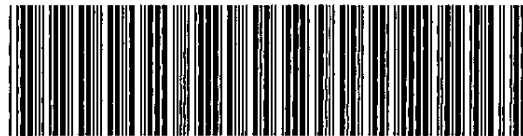
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNN
W12-30364
JUL 31 2011
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2012

LARRY STEPHENS
4556 COMANCHE TRAIL BLVD.
SAINT JOHNS, FL 32259

SUBJECT: DIME COVERAGE, LLC
Ref. Number: W12000038364

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for DIME COVERAGE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 312A00019214

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dime Coverage, 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:

Larry Stephens

Name of Person

Dime Coverage, LLC

Firm/Company

4556 Comanche Trail Boulevard

Address

Saint Johns, FL, 32259

City/State and Zip Code

lstephens44@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Stephens

Name of Person

at (404) 713-5513

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dime Coverage, 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:

4556 Comanche Trail Boulevard
Saint Johns, FL, 32259

Mailing Address:

4556 Comanche Trail Boulevard
Saint Johns, FL, 32259

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:

Larry Stephens

Name

4556 Comanche Trail Boulevard

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

Saint Johns FL 32259

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)

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TALLAHASSEE, FLORIDA

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

Larry Stephens

4556 Comanche Trail Boulevard

Saint Johns, FL, 32259

MGR

Jennifer Stephens

4556 Comanche Trail Boulevard

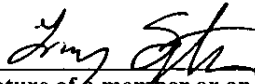
Saint Johns, FL, 32259

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(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:



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.)

Larry Stephens

Typed or printed name of signer

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)

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2012 JUL 27 AM 10:28
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TALLAHASSEE, FLORIDA