## L12000108239

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	;
Special Instructions to Filing Officer:	
•	
•	

Office Use Only



900237824949

07/30/12--01021--021 \*\*130.00

EFFECTIVE DATE 08-1-12

12 AUG -1 PH 2:51

SECRETARY OF STATES
ANASSEE FLORIDA

B. BOSTICK AUG **2 2** 2012

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Dewy Head Lock Johnson - Stud See Name of Limited Liability Company	vice	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Don Ferel, SR. Name of Person		
Deny Head Lock Johnson-Stud.	Servi	CE
9761 KAMENA Ciecle		
Boynton Beach Florida 33436 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further reformation concerning this matter, please call:  at ( 561 ) 255-9147 = Area Code & Daytime Telephone Number (9)	12 AUG - I	<b>~</b>
Enclosed is a check for the following amount:  \$\begin{align*} \text{S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)  \$\begin{align*} \text{S160.00 Filing Fee & S160.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)  \$\begin{align*} \text{S160.00 Filing Fee & S160.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)  \$\begin{align*} S160.00 Filing Fee &	tātus &	im O
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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Deny Head Lock Johnson Stud Service 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:
9761 KAMENA Circle BOUNTON BOOCH FLA.	SAME Address
33436	THE HAWS

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:

Don Fearl Se.

Name

976) KAMENA Circle

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

Boynton Beach FL 33436

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)

Page 1 of 2

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 "MGRM" = Managing Member	Name and Address:
DON FEREL SR-MAR Chief operations GOTO.	976) KAMENA Cincle BOYNTON BEACH AM Eluaida 33436
LORI W. Marks - Asst. V.P. / Officer peration	SAME Address
	FIGURE TO THE PARTY OF THE PART
	SSEC P
(Use attachment if necessary)	2:5
ARTICLE V: Effective date, if other than the call an effective date is listed, the date must be o or 90 days after the date of filing.)	date of filing: August 1, 2012. (OPTIONAL) specific and cannot be more than five business days prior
DECLUDED CICNATURE.	1

(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

Signature of a member or an authorized representative of a member.

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)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2012

DON FEEREL, SR. 9761 KAMENA CIRCLE BOYNTON BEACH, FL. 33436

SUBJECT: DEWY HEADLOCK JOHNSON-STUD SERVICE OF FLORIDA,

L.L.C.

Ref. Number: W12000040204

We have received your document for DEWY HEADLOCK JOHNSON-STUD SERVICE OF FLORIDA, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 112A00020028