

L12000 110064

(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:

Office Use Only

B. KOHR

AUG 27 2012

EXAMINER



400238782144

08/24/12--01025--023 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 24 PM 3:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deluda, 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:

DARLENE MORRIS
Name of Person

Firm/Company

2921 W. BEAMWOOD DR.
Address

BEVERLY HILLS, FL 34465
City/State and Zip Code

MORRISDA@TAMPABAY.FL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARLENE MORRIS at (352) 697-1951
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 24 PM 3:24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DELADA, 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:

2921 W. BEAMWOOD DR.
BEVERLY HILLS, FL 34465

Mailing Address:

2921 W. BEAMWOOD DR.
BEVERLY HILLS, FL 34465

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:

DARLENE MORRIS

Name

2921 W. BEAMWOOD DR.

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

BEVERLY HILLS, FL 34465

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)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 AUG 24 PM 3:24

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:

MGRM

DARLENE MORRIS
2921 W. BEAMWOOD DR.
BEVERLY HILLS, FL 34465

MGR

LUKE BIERNOT
1306 PARKS AVE.
VIRGINIA BEACH, VA 23451

MGR

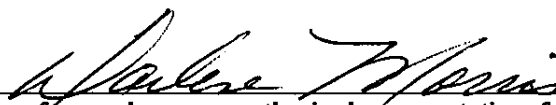
DENNIS MORRIS
2921 W. BEAMWOOD DR.
BEVERLY HILLS, FL 34465

(Use attachment if necessary)

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



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.)

DARLENE MORRIS

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)