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B. BOSTICK
SEP - 4 7912
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: DSH Properties & I	nvestments, LLC	
	Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this	is matter to the following:	
David Haire		_
	Name of Person	
DSH Properties & Inve	estments	
	Firm/Company	-
13176 N Dale Mabry H	wy	
	Address	-
Tampa, FL 33618	City/State and Zip Code SSE	
, ampa, 1 2 000 10	City/State and Zip Code 22	سر _ا –
dshprop@gmail.com		j
E-mail address: (to be For further information concerning this matter,	rused for future annual report notification) please call:	C
Bonita Haire	_{at (} 813 ₎ 786-0333	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amou	_	
\$125.00 Filing Fee\$130.00 Filing Fee Certificate of State		
Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
DSH Properties & Invest	ments, LLC
(Must end with the words "Lin	nited 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:
DSH Properties & Investments 13176 N Dale Mabry Hwy	DSH Properties & Investments 13176 N Dale Mabry Hwy

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:

Tampa, Florida 33618

David Ha	ire	A C	12	
	Name	A	N.	**
13176 I	N Dale Mabry Hwy	ASS	322	1
	Florida street address (P.O. Box <u>NOT</u> acceptable)	Part of the second	PH	
Tampa	_{FL} 33618	FI S 1	: 1	
	City, State, and Zip		50	
		>		

Tampa, Florida 33618

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:

MGRM	David Haire	
	13176 N Dale Mabry Hwy	
	Tampa, FL 33618	
MGRM	Bonita Haire	
	13176 N Dale Mabry Hwy	
	Tampa, FL 33618	
		UG 22 PH
Use attachment if necessary)		2: 50 STAJE Leries
LEV: Effective date, if other than the	ne date of filing: 08/23/2012	(OPTIONA

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.)

David Haire

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)



August 23, 2012

BONITA HAIRE POST OFFICE BOX 13782 TAMPA, FL 33681

SUBJECT: DSH PROPERTIES & INVESTMENTS, LLC

Ref. Number: W12000043908

We have received your document for DSH PROPERTIES & INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal 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: 312A00021663