

# L12000129372

10/10/12

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000246163 3)))



H120002461633ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : RUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

RECEIVED  
12 OCT 10 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@vrctax.com

FLORIDA LIMITED LIABILITY CO.  
DP Manor LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FILED  
12 OCT 10 AM 7:18  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H12000248163

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **DP Manor 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:

5550 Heron Point Drive

5550 Heron Point Drive

Naples, FL 34108

Naples, FL 34108

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Dimitrios Antzoulis

Name

5550 Heron Point Drive

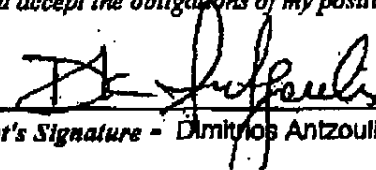
(P.O. Box or Mail Drop Box NOT Acceptable)

Naples, FL 34108

(City / State / Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 10 AM 7:18

*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 - Dimitrios Antzoulis

**ARTICLE IV - Manager(s) or Managing Member(s):**

H12000246163

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Dimitrios Antzoulis - 5550 Heron Point Drive, Naples, FL 34108

MGRM

Carmen Pilar Antzoulis - 5550 Heron Point Drive, Naples, FL 34108

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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.)

Dimitrios Antzoulis

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 10 AM 7:18