

L12000135025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

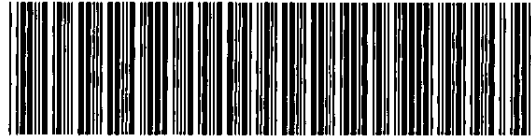
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/01/12--01016--008 **125.00

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 23 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2012

ROMAN DEVILLE
1538 CHABTILLY DRIVE, BUILDING C-120
ATLANTA, GA 30324

SUBJECT: DEVILLE DG PROPERTIES, LLC
Ref. Number: W12000050458

We have received your document for DEVILLE DG PROPERTIES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 012A00024416

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TALLAHASSEE, FLORIDA
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Roman DeVille
1538 Chantilly Drive
Atlanta, GA 30324

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 17, 2012

Re: DeVille DG Properties, LLC
Ref#: W12000050458

Dear Ms. Cline:

Per our conversation last week, we have changed the filing from a Foreign LLC to a new LLC in Florida. I've enclosed the required forms. Please be so kind and apply the \$125 on file to this application.

Thanks for your assistance and let me know if you need any further information.

Very truly yours,

Liza Cokley
Liza Cokley
Administrator
404-325-5783x123

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DeVille DG Properties, 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:

Roman DeVille
Name of Person

Deville DG Properties, LLC
Firm/Company

1538 Chantilly Drive, Building C-120
Address

Atlanta, GA 30324
City/State and Zip Code

rdeville@tempoproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liza Cokley at (404) 325-5783x123
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DeVile DG Properties, 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:

Mailing Address:

1538 Chantilly Drive
Building C-120
Atlanta, GA 30324

1538 Chantilly Drive
Building C-120
Atlanta, GA 30324

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:

Roman DeVile
Name

4000 Sanctuary Lane
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33431
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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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

Roman DeVille

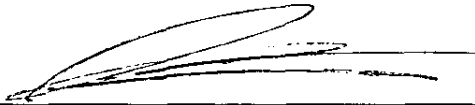
1538 Chantilly Drive

Atlanta, GA 30324

(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.)

Roman DeVille

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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