

L120VV158440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

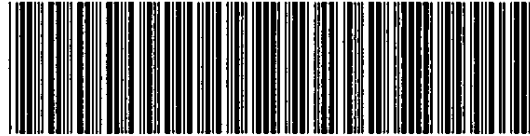
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B. KOHR

DEC 19 2012

EXAMINER



000242271180

11/30/12--01005--023 **130.00

FILED
12 DEC 18 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 DEC 18 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2012

DEBORAH LYNNE DEATS
129 FERRY ROAD N.E.
FORT WALTON BEACH, FL 32548

SUBJECT: DLW CONSULTING LLC
Ref. Number: W12000060103

FILED
12 DEC 18 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DLW CONSULTING 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is DLW CONSULTING LLC -- Doc. Number L11000094365.

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.

Buck Kohr
Regulatory Specialist II

Letter Number: 512A00028650

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DL Deats, LLC
~~DLW Consulting 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:

Deborah Lynne Deats
Name of Person
~~DL Wilusz, LLC~~
~~DLW Consulting LLC~~ : DL DEATS, LLC
Firm/Company
129 Ferry Road NE
Address
Fort Walton Beach FL 32548
City/State and Zip Code
dideats@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Deats at (850) 217-5752
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~DL WILSON, LLC~~
DLW Consulting LLC DL Deats 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:

129 Ferry Road NE
Fort Walton Beach FL
32548

Mailing Address:

129 Ferry Road NE
Fort Walton Beach FL
32548

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:

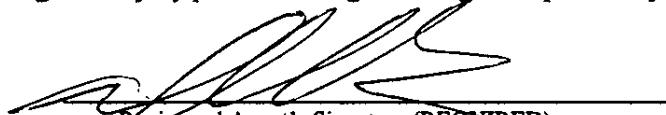
Deborah Lynne Deats
Name

129 Ferry Road NE
Florida street address (P.O. Box **NOT** acceptable)

Fort Walton Beach FL 32548
City, State, and Zip

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

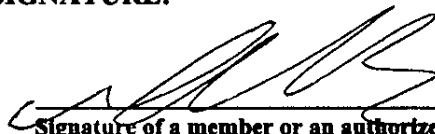
Deborah Lynne Deats
129 Ferry Road NE
Fort Walton Beach FL 32548

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/22/2012 (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.)

Deborah Lynne Deats
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)