

L13 000001082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

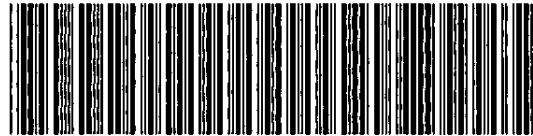
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/19/12--01010--026 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sam
1/3/13

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Direct Corporate Charters, 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:

Kathy Boyd

Name of Person

Firm/Company

4130 Hedge Maple Place

Address

Winter Springs, FL 32708

City/State and Zip Code

kathydcc@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Boyd

Name of Person

at **407 222-7807**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

To: Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Direct Corporate Charter, Inc. (EIN 65-1277954) has no intention of reinstating, therefore, releasing the name for use to another entity. Direct Corporate Charter, Inc. was dissolved in January of 2012.

If you have any questions or concerns, please feel free to call Kathy Boyd at 407-222-7807.

Thanks,

Kathy Boyd

Signature: Kathy Boyd Date: 12/27/12

Witness: [Signature] Date: 12/27/12

STATE OF FLORIDA, COUNTY OF Seminole
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED
BEFORE ME THIS 27 DAY OF December
2012 BY Kathryn Boyd
WHO IS PERSONALLY KNOWN TO ME OR PRODUCED
Driver's License AS IDENTIFICATION.

[Signature]
NOTARY SIGNATURE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Direct Corporate Charters, 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:

4130 Hedge Maple Place
Winter Springs, FL 32708

Mailing Address:

4130 Hedge Maple Place
Winter Springs, FL 32708

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:

Kathy Boyd

Name

4130 Hedge Maple Place

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

Winter Springs

FL

32708

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

MGR

Kathy Boyd

4130 Hedge Maple Place

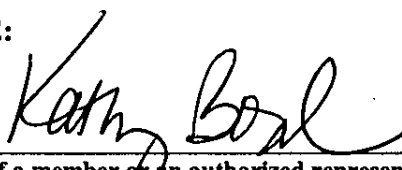
Winter Springs, FL 32708

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 01, 2013 (OPTIONAL)

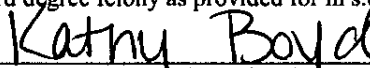
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)