## 1300008983

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

JAN 17 2013 G. MCLEOD



100243207061

01/18/13--01001--002 \*\*130.00

SOFFICIENCY OF FILING

13 JAN 17 PH 12: 30
SECRETARY OF STATE
ALLAHASSEF FLORINA

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: DTES Maintenance and Repair, UC Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Daphne D. Nelson Name of Person
	Company Firm/Company
	1007 Tucker Street Address
•	
	Tallahassee, Fla 32310 City/State and Zip Code
-	Resondantine 106 9 mail. com  E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Dayhne Nelson at (850) 575-///7 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
□\$125.	00 Filing Fee  \$\square\$\$\square\$\$\$130.00 Filing Fee & Certificate of Status  \$\square\$\$ Certified Copy (additional copy is enclosed)  \$\square\$\$\$ Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
DTAS Maintenance and Repair "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:
1007 Tucker Street 1007 Tucker Street Tallahassee, 7/a 32310 Tallahassee, 7/4 32310
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:
Daphne Nelson
Daphne Nelson Name  1007 Tucker Street Florida street address (P.O. Box NOT acceptable)  Talleham 32340
Tallahass-u FL 323/0  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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

## • . ARTICLE IV- Manager(s) or Managing Member(s):

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

'MGR" = Manager	Name and Address:
MGRM" = Managing Member	
"MGRM"	Caphre Nelson
	Oaphne Nelson 1007 Tucker Street Tallahassee, 7/2 32310
	14/14/1435-ce, +12 36310
,	
	· · · · · · · · · · · · · · · · · · ·
•	
	i .
• .	
• .	on the date of filing: $\frac{1/17/13}{}$ . (OPTION
Use attachment if necessary)  LE V: Effective date, if other tha fective date is listed, the date	on the date of filing:
• .	on the date of filing: (OPTION must be specific and cannot be more than five busing.)
LE V: Effective date, if other that fective date is listed, the date	on the date of filing: (OPTION must be specific and cannot be more than five busing.)
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing	in the date of filing: (OPTION must be specific and cannot be more than five busing.)
LE V: Effective date, if other tha fective date is listed, the date for 90 days after the date of filing	an the date of filing: (OPTION must be specific and cannot be more than five busing.)
LE V: Effective date, if other that fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	Jefk Me
LE V: Effective date, if other that fective date is listed, the date for 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a m	ember or an authorized representative of a member.
LE V: Effective date, if other that fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a maccordance with section	ng.)  Jeff August 1997  Jember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other that fective date is listed, the date is respectively. The second sec	ember or an authorized representative of a member.

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)