

L130000055800

(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



800246742538

04/15/13--01010--030 **130.00

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2013 APR 15 AM 8:52

FILED

J. SAULSBERRY
EXAMINER
APR 16 2013

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **D & S Video, 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:

Michael A Skeffington, Sr

Name of Person

D & S Video, LLC

Firm/Company

6541 Abercrombie Ct

Address

Orlando, FL 32835

City/State and Zip Code

mmskef@aol.com

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

For further information concerning this matter, please call:

Maruja Skeffington

Name of Person

at **(407) 470-2705**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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

FILED
2013 APR 15 AM 8:52
TALLAHASSEE, FL 32301
CLERK OF CIRCUIT COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D & S Video, 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:

6541 Abercrombie Ct
Orlando, FL 32835

Mailing Address:

6541 Abercrombie Ct
Orlando, FL 32835

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:

Manuja Skeffington

Name

6541 Abercrombie Ct

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

Orlando FL 32835

City, State, and Zip

FILED
2013 APR 15 AM 8:52
CLERK OF DISTRICT COURT
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..

Manuja Skeffington

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

Michael A Skeffington, Sr

6541 Abercrombie Ct

Orlando, FL 32835

(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.)

Michael A Skeffington, Sr

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)

FILED
APR 15 AM 8:52
DEPT OF STATE
TALLAHASSEE, FL 32399

February 27, 2013

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: D & S Video, LLC
LLC Registration
Document Number L07000056161

This letter is to allow the use of the name D & S Video, LLC. Please accept this letter along with the attached LLC Registration to allow for this procedure.

Michael A. Skeffington Member
D & S Video, LLC

Michael A. Skeffington 2-27-2013
Printed Name Date

State of Florida
County of ORANGE

Sworn to and subscribed before me this 27th day of FEBRUARY, 2013.
By MICHAEL A. SKEFFINGTON, who produced ID
or is personally known

NOTARY SIGNATURE

John R. Baccantini
2/27/13

Expires 2/24/2016

2013 APR 15 AM 8:52
CLERK OF STATE
TALLAHASSEE, FL 32304

FILED