

L13000067719

(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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13 MAY - 8 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAY - 8 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2013

CINDY BISHOP
P.O. BOX 410551
MELBOURNE, FL 32941

SUBJECT: DLIC 9, LLC
Ref. Number: W13000022130

We have received your document for DLIC 9, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 513A00009029

Cindy O. Bishop, JD

P.O. Box 410551
Melbourne, Florida 32941

Phone 321-536-1499 (c)
Email cob@cfl.rr.com

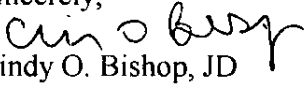
May 2, 2013

Dear Florida Department of State,

I am enclosing the DLIC 9, LLC and DLIC 10, LLC documents I had previously mailed to your office. I neglected to sign the documents. These are the new signed copies. You already cashed the checks. Please file these newly signed documents and add DLIC 9, LLC and DLIC 10, LLC to the listings on the internet site.

Thank you. Please do not hesitate to contact me if there are any questions.

Sincerely,


Cindy O. Bishop, JD

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DLIC 9, 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:

Cindy Bishop

Name of Person

DLIC 9, LLC

Firm/Company

P.O. Box 410551

Address

Melbourne, FL 32941

City/State and Zip Code

cob@cfl.rr.com

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

For further information concerning this matter, please call:

Cindy O. Bishop

Name of Person

at **(321) 536-1499**

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:

DLIC 9, 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:

9630 S. Tropical Trail

Merritt Island, FL 32952

Mailing Address:

P.O. Box 410551

Melbourne, FL 32941

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:

Cindy Bishop

Name

9630 S. Tropical Trail

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

Merritt Island

FL

32952

City, State, and Zip

FILED
13 MAY - 8 PM 3:46
SECRETARY OF STATE
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..

Cindy Bishop

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

Larry Bishop

P.O. Box 410551

Melbourne, FL 32941

MGR

Cindy Bishop

P.O. Box 410551

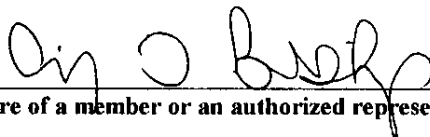
Melbourne, FL 32941

(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.)

Cindy Bishop

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)