# 13000077582

(Red	questor's Name)	<u> </u>
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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05/28/13--01035--003 \*\*125.00

# FILING CANCELLED RETURNED CHECK

MAY 29 2013

(850) 245-6051.

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DAVID W FYLER JR 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:
DAVID W FYLER JR Name of Person
DAVID W FYLER JR LLC Firm/Company
1220 CHEMLSFORD ET Address
NAPLES FLORIDA 34104
NAPLES FLORIDA 34104  City/State and Zip Code  DWFYLER JR Q YAHOO, COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
DAVID WFYLER JR at (860) 977-8220  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status    Status   Cartified Copy (additional copy is enclosed)
Mailing Address     Street/Courier Address       Registration Section     Registration Section       Division of Corporations     Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILING CANCELLED

The name of the Limited Liability Company is:	RETURNED CHECK
DAVID W FYLER (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1220 CHEMUS FORD ET	SAME
1220 CHEMISFORD ET NAPIES, FLORDIA 34104	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re  \[ \frac{\int A V F \int \infty}{\text{Name}} \]  \[ \frac{1220 \ C \text{UEMLS}}{\text{Florida street address}} \]  \[ \frac{\int A \text{Plef S}}{\text{City, State}} \]	FORD OF  ress (P.O. Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(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:  FILING CANCELLED RETURNED CHECK
	ate of filing: (OPTIONAL)  ne specific and cannot be more than five business days
REQUIRED SIGNATURE:  Signature of a member of	or an anthorized 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.)

### 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)