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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: David Purdle Associates LLC  Name of Limited Liability Company
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:
Dianne Purdie
David Purdie Associates Firm/Company
8309 SW 105 4 Place
Ocala, FL 34481  City/State and Zip Code  dianne adavid purdie associates, 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:
Dianne Purdle at (352) 368-2115  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status  □\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, 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:

David Purdie Associ	lates LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8309 SW 105th Place Ocala, FL 34481	8309 SW 105 1 Place Deala, FL 34481
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
A 1	die LARASS
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of the performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  ### MGRM - MGR	Dianne Purdie 8309 SW 105 Place Ocala, FL 34481
,	<u> </u>
	HASSEE
(Use attachment if necessary)	F SPATE
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	tte of filing: <u>5/25/20/3</u> . (OPTIONAL) e specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member o	r an authorized representative of a member.
(In accordance with section 608.40 constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
<u>Dianne</u> 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)