

L13000108273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

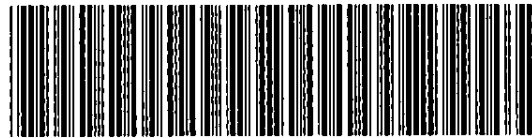
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUL 31 2013

A. LUNT

Office Use Only



100249775961

08/01/13--01002--008 **125.00

RECEIVED
DEPT. OF STATE
DIVISION OF CORPORATIONS
2013 JUL 31 PM 2:59
TO ACQUIRE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
13 JUL 31 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Daedalian Resources, 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:

Stephen Kellogg

Name of Person

Daedalian Genesis Foundation

Firm/Company

6164 Jason Trail

Address

Tallahassee, FLA. 32317

City/State and Zip Code

pebble 1950@msn.com

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

For further information concerning this matter, please call:

Stephen Kellogg

Name of Person

at (850-) 656-7043

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

APPROVED
AND
FILED
13 JUL 31 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daedalian Resources, 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:

6164 Jason Trail

Tallahassee, FLA. 32317

Mailing Address:

(Same)

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:

Stephen Kellogg

Name

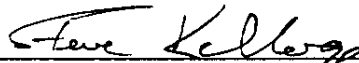
6164 Jason Trail

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

Tallahassee, Fla. 32317 FL

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
NOT FOR
STATE
TALLAHASSEE, FLORIDA

13 JUL 31 PM 3:08

APPROVED
, AND
FILED

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:

MGRM

Roger Hoffman, Treasurer, for and on behalf
Daedalian Genesis Foundation
170 S. Lincoln - Ste: 100 - Spokane, WA.

MGRM

Joseph Giunta, Operations Manager, for
Hensel Phelps Construction Company
6557 Hazeltine National Dr. - Suite One,
Orlando FL 32822

STATE OF FLORIDA
TALLAHASSEE

13 JUL 31 PM 3:08

APPROVED
AND
FILED

(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.)

Stephen Kellogg

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)