

43000128541

(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



400251471544

09/09/13--01040--025 **130.00

FILED
2013 SEP -9 AM 8:52
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 11 2013

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMB Home Services
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:

Dustin McCormick
Name of Person

Firm/Company

5898 Bay Pines Lakes Blvd
Address

ST. Petersburg, FL 33708
City/State and Zip Code

RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

2013 SEP -9 AM 8:52

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DMB Home Services 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:

5898 Bay Pines Lakes Blvd
St. Petersburg, FL 33708

Mailing Address:

5898 Bay Pines Lakes Blvd
St. Petersburg, FL 33708

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:

Dustin McCormick

Name

5898 Bay Pines Lakes Blvd

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

St. Petersburg FL 33708

City, State, and Zip

FILED
2013 SEP -9 AM 8:52
CLERK 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.

D. McCormick

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

MGR

Name and Address:

Dustin McCormick
5898 Bay Pines Lakes Blvd
St. Petersburg, FL 33708

(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.)

Dustin McCormick

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
2013 SEP -9 AM 8:52
DEPT. OF STATE
TALLAHASSEE, FLORIDA