#L 13000 128974

(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: CORRECTION TO EFF. DATE PER				
CONVERSATION WITH SETH (CAPITAL				
CONNECTION, INC) 9-12-2013 KS				
,				

Office Use Only



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09/09/13--01001--009 **125.00

DEPARTHERT OF STATE

DATASSEE FLAME

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DOLPHIN EXPRE	SS LLC		
			-
		<u> </u>	
			Art of Inc. File
		-	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
_			Vehicle Search
		· 	Driving Record
Requested by: SETH	09/11/13		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier





RECEIVED 13 SEP 11 PH 3: 55

DIVISION OF CORPORATION

September 9, 2013

CAPITAL CONNECTION, INC.

Ref. Number: W1300049650

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

† The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L04000003806 "CS COMPANY, LLC".

➤ Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 6, 2013. Please amend your document accordingly.

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

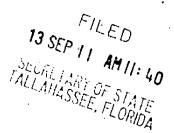
Karen A Saly Regulatory Specialist II

Letter Number: 613A00021137

COVER LETTER

10.	Division of Co						
SUBJE	CT:	CS LLC					
		Name of Limit	ed Liability Company				
The enc	losed Articles o	f Organization and fee(s) are s	ubmitted for filing.				
Please r	eturn all corresp	oondence concerning this matte	er to the following:				
		Charle	s S. Loveridge				
			Name of Person				
-	CSLLC						
			Firm/Company				
-	3062 Sweet Pine Drive						
			Address				
			elbourne, FL 32935				
		Cı	ry/State and Zip Code				
_			veridge@gmail.com for future annual report notification)				
For first	her information	concerning this matter, please					
roi (uit	nei miormanon	concerning this matter, please	cail.				
Charles S. Loveridge Name of Person			at (321) 302-0763 Area Code & Daytime Telephone Number				
	Harije	oi reisoli	Area Code & Daytime Telephone Number				
Enclose	ed is a check f	or the following amount:					
\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 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:

The name of the Limited Liability Company is: DOLPHIN EXPRESS LLC

Article II:

The street address of the principal office of the limited liability company is:

3062 Sweet Pine Drive Melbourne, FL 32935

The Mailing address of the limited liability company is:

3062 Sweet Pine Drive Melbourne, FL 32935

Article III:

The name and Florida street address of the limited liability company's registered agent:

Shyla Gibson 3062 Sweet Pine Drive Melbourne, FL 32935

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

Article IV:

The name and address of Manager/ Managing members are:

Title: MGR Charles S. Loveridge 3062 Sweet Pine Drive Melbourne, FL 32935

Title: MGR Shyla Gibson 3062 Sweet Pine Drive Melbourne, FL 32935

Article V:

The effective date for this limited liability company shall be:

SEPT 9, 2013

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.)

SHULA A. GIBSON

Typed or printed name of signee