

L13 000129618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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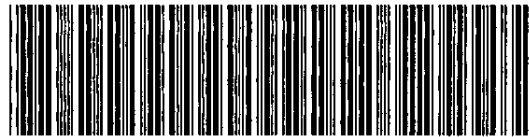
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 13 2013

COVER LETTER

To: **Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Subject: **Dry Porcupine, 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:

**Deborah A. Testa
208 Somerset Ct.
Saint Augustine, FL 32084**

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

testag@att.net

For further information concerning this matter, please call:

Gary J. Testa, Member at 904-294-7574

Enclosed is a check for the following amount:

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

ARTICLE I – Name

The name of the Limited Liability Company is:

Dry Porcupine, LLC

ARTICLE II – Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address
208 Somerset Ct.
Saint Augustine, FL 32084

Mailing Address
208 Somerset Ct.
Saint Augustine, FL 32084

ARTICLE III – Registered Agent

The name and the Florida street address of the registered agent are:

Mykhaylo Gryb
13062 Biggin Church Road
Jacksonville, FL 32224

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- Manager(s) or Managing Member(s)

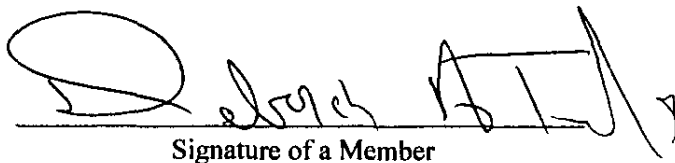
The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
Manager	Deborah A. Testa 208 Somerset Ct. Saint Augustine, FL 32084
Managing Member	Gary J. Testa 208 Somerset Ct. Saint Augustine, FL 32084

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

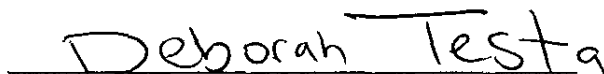
ARTICLES OF ORGANIZATION

Dry Porcupine, LLC



Signature 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.



Print Name

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA