L13000133893

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
<u> </u>	cument Number	<u>, </u>
(DC		,
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	,

Office Use Only



100251413741

09/20/13--01016--005 **125.00

JEID SEP 20 AMII: 12

SEP 2 3 2013

IAOTTON

(850) 245-6051.		. ,		· ,
TO: Registration 5	Control of the Section	R LETTER	· · · · · · · · · · · · · · · · · · ·	
	Properties LL	_C		
30 b 3EC1.		ed Liability Compa	any	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	ç.	
Please return all corresp	oondence concerning this matt	er to the following	:	
Deena	L Peterson			
		Name of Person		
		Firm/Company		
4819 T	urtle Bay Ter			
		Address		
Bradeň	ton, FL 34209			
док объемения CBDeena	^{ېدرینۍ} @tampabay.rr.coi	y/State and Zip Code	e e	
	E-mail address: (to-be used f	or future annual repo	ort notification)	
	concerning this matter, please			
Deena L P	eterson	_at (<u>941</u>	, <mark>792-65</mark>	
Name	of Person	Area Code	& Daytime Telep	hone Number
Enclosed is a check f	or the following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· i · · · _g , · · ·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton B 2661 Exc	ourier Address ion Section of Corporations building ecutive Center C see, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICATED A		
ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
DLP Properties LLC		
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.	.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limi	ited Liability Company is:
Principal Office Address:	Mailing Address:	
4819 Turtle Bay Ter	4819 Turtle Bay Ter	
Bradenton, FL 34209	Bradenton, FL 34209	
The name and the Florida street address Deena L Peterson 6404 Manatee Ave W,	Name	
Florid	a street address (P.O. Box NOT acceptal	ble)
Bradenton	_{FL} 34209	
	City, State, and Zip	
Having been named as registered agen liability company at the place desig registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my posit	nated in this certificate, I hereby a his capacity. I further agree to con I complete performance of my duti	ccept the appointment as apply with the provisions of es, and I am familiar with
	1 P	
Registered Age	ent's Signature (REQUIRED)	- 70 70
	CONTINUED)	III SEP

CONTINUED

Page 1 of 2

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Deena L Peterson	
	4819 Turtle Bay Ter	
	Bradenton, FL 34209	
	_	
• ,	n the data of filing:	OPTION
LE V: Effective date, if other tha ffective date is listed, the date	n the date of filing: (omust be specific and cannot be more than fiveg.)	OPTION ve busin
LE V: Effective date, if other tha ffective date is listed, the date or 90 days after the date of filing	must be specific and cannot be more than fiv	OPTION ve busin
ffective date is listed, the date is or 90 days after the date of filin	must be specific and cannot be more than five.	OPTION ve busin
LE V: Effective date, if other that ffective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the section of th	must be specific and cannot be more than fiv	ment tre true,
LE V: Effective date, if other that ffective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the section of th	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein a nformation submitted in a document to the Department of felony as provided for in s.817.155, F.S.)	ment are true. I State
LE V: Effective date, if other that fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree for the section of	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein a nformation submitted in a document to the Department of felony as provided for in s.817.155, F.S.)	ment are true. I State
LE V: Effective date, if other that ffective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree for the section of the section o	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein a nformation submitted in a document to the Department of relony as provided for in s.817.155, F.S.)	ment are true. I State
LE V: Effective date, if other that ffective date is listed, the date of or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree file.)	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein a nformation submitted in a document to the Department of felony as provided for in s.817.155, F.S.) Typed or printed name of signee	ment are true. I State
LE V: Effective date, if other that ffective date is listed, the date of or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree of the Deena L Peterson Filing Fees:	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein a nformation submitted in a document to the Department of felony as provided for in s.817.155, F.S.) Typed or printed name of signee Organization and Designation	ment true. SECRETARY SECRETARY