

L13000140230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

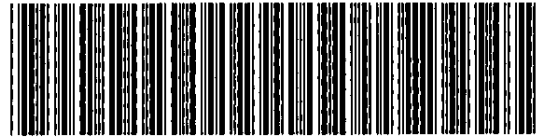
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/04/13--01006--009 **160.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 OCT -4 AM 10:53
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
FILED
13 OCT -4 AM 11:03
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 OCT -4 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: David L. Perry & Associates, 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:

David L. Perry

Name of Person

Firm/Company

7078 Sawley Lane

Address

Tallahassee, Florida 32327

City/State and Zip Code

DLPerry101@gmail.com

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

For further information concerning this matter, please call:

David L. Perry

Name of Person

at (**850**) **694-4142**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

David L. Perry & Associates, 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:

Mailing Address:

7078 Sawley Lane

7078 Sawley Lane

Tallahassee, FL 32327

Tallahassee, FL 32327

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:

David L. Perry

Name

7078 Sawley Lane

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

Tallahassee, 32327

FL

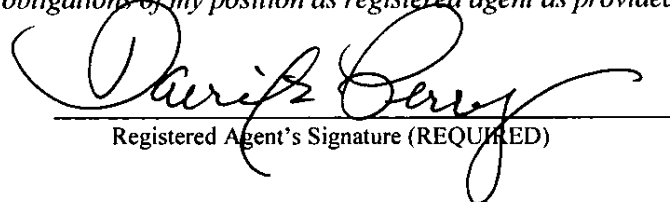
City, State, and Zip

FILED
TALLAHASSEE, FLORIDA
13 OCT -14 AM 11:03

13 OCT -14 AM 11:03

APPROVED
AND
FILED

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)

ARTICLE IV- Manager(s) or Managing Member(s):

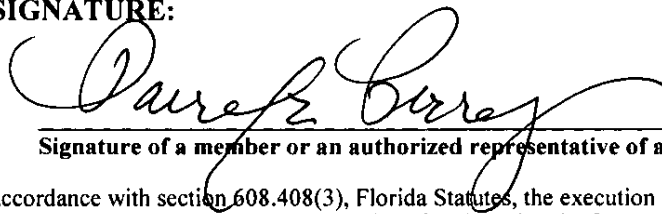
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
MGR _____	David L. Perry _____ 7078 Sawley Lane _____ Tallahassee, FL 32327 _____
N/A _____	N/A _____ N/A _____ N/A _____
N/A _____	N/A _____ N/A _____ N/A _____
N/A _____	N/A _____ N/A _____ N/A _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 3rd 2013. (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.)

David L. Perry

Typed or printed name of signee

FILED
OCT 03 2013
TALLAHASSEE, FL

13 OCT -4 AM 11:03

APPROVED
FILED

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)