L13000149585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DeConna Palms, 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:

Sheryll Goedert, CPA
Name of Person

Connier Jernigan & Goedert, P.A.
Firm/Company

550 N.E. 25th Avenue
Address

Ocala, Florida 34470
City/State and Zip Code

SGoedert@connierpas.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Vince DeConna at (352) 591-1530
Name of Person 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:

DeConna Palms, 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:

12427 Highway 441 South
Micanopy, Florida
32667

Mailing Address:

c/o Vince DeConna
12427 Highway 441 South
Micanopy, FL. 32667

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:

Sheryll Goedert, CPA
Name

550 N.E. 25th Avenue
Florida street address (P.O. Box **NOT** acceptable)

Ocala FL 34470
City, State, and Zip

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ALLAHASSEE, 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..

Sheryll Goedert
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:

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2013 OCT 21 PM 4:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	Vince DeConna 6300 W. Highway 318 Reddick, Florida 32686
MGRM	Donna DeConna 422 Enclave Circle #307 Costa Mesa, CA 92626
MGRM	William T. DeConna P.O. Box 215 Micanopy, Florida 32667
MGRM	Raymond J. DeConna 13450 N.W. 198th St. Rd. Micanopy, Florida 32667

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2014 (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:

/s/ Donna L. DeConna

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.)

Donna L. DeConna

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)