L17000155028

(Re	equestor's Name)			
(Ac	ldress)			
. (Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bı	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





700252728687

10/21/13--01022--028 **130.00



1. Stilvers NOV 0.4. 2013:



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2013

DAVID FRASER 119 BURNT PINE DR NAPLES, FL 34119

SUBJECT: DK FRASER LLC Ref. Number: W13000058506

We have received your document for DK FRASER LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 413A00024595

COVER LETTER

TO: Registration Section **Division of Corporations** DK FRASER 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 FRASER Name of Person DK FRASER LLC Firm/Company 119 BURNT PINE DRIVE Address NAPLES FL 34119 City/State and Zip Code DAVIDPFRASER@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID FRASER Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ■\$130.00 Filing Fee & □\$125.00 Filing Fee □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address**

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me;				
The name of the L	imited Liability Company	is:			
DK FRASER LLC					
	ust end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Ac		principal office of the Limited L	Liability Co	mpan	y is:
Principal Office A	Address:	Mailing-Address:			
3431 Pine Ridge Road	, Suite 101	119 Burnt Pine Drive			
Naples, Florida 34109		Naples, Florida 34119			
The name and the	Florida street address of the	e registered agent are:	C.Z.	aces &	
	Name			3 ±	च _{वि} क्रम्
	3431 Pine Ridge Road, Suite 1	01	200	7	1 m Hyula
	Florida street address (P.O. Box <u>NOT</u> acceptable)				5
	Naples, Florida 34119			70) 741	
	City, State, and Zip			2	A THE REAL PROPERTY.
liability compa registered agent all statutes relat	ny at the place designated and agree to act in this caping to the proper and comp	to accept service of process for th in this certificate, I hereby accept pacity. I further agree to comply v plete performance of my duties, an e registered agent as provided for	the appoin with the pro id I am fam	tment ovisior viliar v	as is of with
	Registered Agent's Sig	mature (REQUIRED)			
	Registered Agent 8 51g	mature (NEQUINED)			

(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:

	Title:		Name and Add	ress:							
	"MGR" = Manager	.). <i>(</i>									
	"MGRM" = Managing	g Member									
	MGRM .		David Fraser								
•	······································		119 Burnt Pine Drive								
			Naples, Florida 3411	19 :-							
	MGR		Daniel Fraser								
	•	•	119 Burnt Pine Drive	<u> </u>							
			Naples, Florida 3411	9							
					 .						
											
											
	(Use attachment if nec	essary)									
				11/2014							
	CLE V: Effective date,		· · · · · · · · · · · · · · · · · · ·		(OPTION						
	effective date is listed.		specific and can	mot be more than	five busin	ess days					
prior to	o or 90 days after the d	iate of Riing.)		A.							
					الله محمد ويراجع	•					
	REQUIRED SIGNA	ŤTIP F		· r	<u>ကို ယံ၊</u>	(27,577)					
	ICOURDD SIGNA	TORE.				4 1					
		-	~		22	aut sammans gg (strongs :					
		\) c	M'A	- 9	Francisco Comment	ř.					
	Sign	ature of a member or	an authorized repre	esentative of a membe	r. i	4 4 9 ''eeff					
	(In a consider	o with specian EOP 405	2(2) Clavida Statutan	the expection of this H	300 3	Careta ()					
	constitutes ar	affirmation under the	penalties of periury the	the execution of this do hat the facts stated here	ocument.	Charles of					
	. I am aware th	nat any false information	on submitted in a docu	iment to the Departmen	n of State						
	constitutes a	third degree felony as	provided for in \$.817.	155, F.S.)							
		DAVI	-D PM8	CIL							
		Typed	or printed name of sig	gnee	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)