

L13000173657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

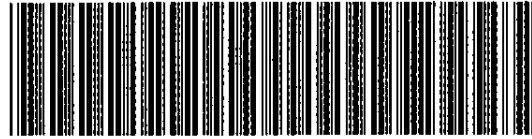
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000253538220

12/16/13--01039--002 **160.00

FILED
2013 DEC 16 PM 1:38
CLERK OF STATE
TALLAHASSEE FLORIDA

DEC 17 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DILLIGAF PROPS 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:

Simon B Howell

Name of Person

Harding and Associates Tax Services Inc.

Firm/Company

113 Pontotoc Plaza

Address

Auburndale, Florida 33823-3439

City/State and Zip Code

simon.howell@hardingtax.com

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

For further information concerning this matter, please call:

Simon B Howell

Name of Person

at (863) 968-1010

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

2013 DEC 16 PM 1:38
DIVISION OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DILLIGAF PROPS 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:

1236 GRAND TRAVERSE PARKWAY
REUNION FLORIDA 34747

Mailing Address:

113 PONTOTOC PLAZA
AUBURNDAL FLORIDA 33823-3439

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:

SIMON B. HOWELL

Name

HARDING & ASSOCIATES TAX SERVICES INC. 113 PONTOTOC PLAZA

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

AUBURNDAL FL 33823-3439

City, State, and Zip

FILED
2018 DEC 16 PM 1:38
CLERK OF STATE
TALLAHASSEE 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..



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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

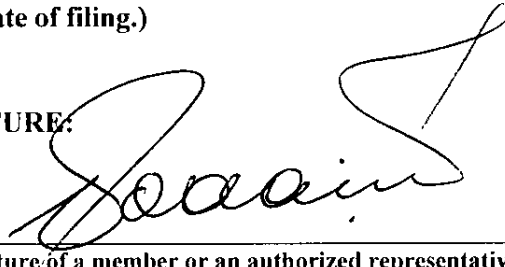
CLIFFORD JOHN FOGGITT
1236 GRAND TRAVELER PARKWAY
REUNION, FLORIDA 34747

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

CLIFFORD JOHN FOGGITT

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)

FILED
2019 DEC 16 PM 1:38
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE