

L14 0000008579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

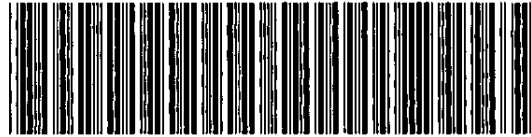
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS
14 JAN 13 PM 1:51

1/16
(Signature)

BLAIR & POTTS

A T T O R N E Y S

FOUR STAMFORD PLAZA
107 ELM STREET
P.O. BOX 1214
STAMFORD, CONNECTICUT 06904-1214

TEL: 203.327.2333

FAX: 203.327.1731

January 8, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

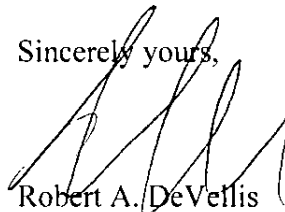
Re: D&D Adventures, LLC

Dear Sir or Madam:

I enclose for filing Articles of Organization for D&D Adventures, LLC. I also enclose a check in the amount of One Hundred Twenty-Five (\$125) in payment of the filing fee. Once the Articles of Organization have been filed, please forward the filing receipt to me in the enclosed envelope.

If you require anything further, please do not hesitate to contact me.

Sincerely yours,



Robert A. DeVellis

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Enclosures
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **D&D Adventures, 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:

Robert A. DeVellis, Esq.

Name of Person

Blair & Potts

Firm/Company

107 Elm Street, 4th Floor

Address

Stamford, CT 06902

City/State and Zip Code

please mail all annual reports

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

For further information concerning this matter, please call:

David Berges

Name of Person

203

Area Code

352-6820

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

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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D&D Adventures, 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:

c/o David Berges
3719 Second Drive, N.E.
Bradenton, FL 34208

Mailing Address:

c/o David Berges
3719 Second Drive, N.E.
Bradenton, FL 34208

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 Berges

Name

3719 Second Drive, N.E.

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

Bradenton

City

FL 34208

Zip

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

David E. Berges

3719 Second Drive, N.E.

Bradenton, FL 34208

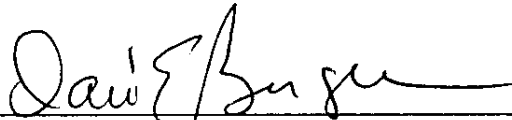
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), 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 E. Berges

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)