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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Danielle A Collins 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:
Danielle Alicia Collins Name of Person
Danielle Collins Firm/Company
12907 Bentwater Drive
Jacksonville 1-L. 32246 City/State and Zip Code City/State and Zip Code
1. Danielle Collins @ Smail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Davielle Collins at (904) 705.6355  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address  Registration Section  Registration Section  Division of Compositions

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:					
Danielle A Collins CLO (Must end with the words "Limited Liability	y Company. "L.L.C.," or "LLC.")	<del></del>			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
12902 Bentwater Dr Jacksonville FL 32746	12902 Bertwater Or. Jacksonville FL 32	246			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)					
The name and the Florida street address of the re	gistered agent are:				
Danielle Alicia Name	Callins				
12902 Bertwater Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)				
Jacksonville	FL 32246 e, and 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 608, F.S					
Registered Agent's Signatu	OLD re (REQUIRED)	SECRETA	14 JAN 1		
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## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (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.) Danielle Collins 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)