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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	<u> </u>
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Office Use Only



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2014 FEB 12 PO 45 34
TALLAHASSEE, FLORIDA

2014 FEB 12 PB 4:3

## **COVER LETTER**

	ation Section 1 of Corporations		
CHIDIECT, C	r-Can Merchandise"L.L.C"		
SUBJECT: Su		ited Liability Company	<del></del>
The enclosed Art	ticles of Organization and fee(s) are	e submitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	•	-	
Stev	e W. Damsa		
		Name of Person	
•	O M I I' W I OW		
<u>Sur-</u>	Can Merchandise"L.L.C"	Firm/Company	
		Time Company	2014 FEB 12 PM % 3
3814	45 Blackbird Lane		
<u> </u>		Address	ESE -
			SE 2
<u>Zeph</u>	nyrhills, Florida 33540		mo P
	Ci	ty/State and Zip Code	6× <b>*</b>
vandam195	51@aol.com		നദ: മ്
	E-mail address: (to be used	for future annual report notifica	tion) 3>
For further inform	mation concerning this matter, pleas	se call:	
Steve W. Dams		<u>3540</u> ) <u>(813) 782-1487</u>	
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a che	eck for the following amount:		
☑ \$125.00 Filing F	_	□\$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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sur-Can Merchandise "L.L.C."  (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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
38145 Blackbird Lane Zephyrhills, Florida 33540	38145 Blacibird Lane Zephyrhills, Florida 33540
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	
Steve W. Damsa	TARY TARY
Name	SEC P
38145 Blackbird Lane	
Florida street address (P.O. Box	NOT acceptable)
Zephyrhills, Florida 33540	FL Dri F
City	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.

Steve W. Damsa Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	O. W.B.		
"AMBR"	Steve W. Damsa 38145 Blackbird Lane		
	Zephyrhills, Florida 33540		
"MGR"	Janice M. Damsa		
	38145 Blackbird Lane		
	Zephyrhills, Florida 33540		
	326	20	
<del></del>		2014 FEB	
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(Use attachment if necessary)	NSSE!	12	
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CLE V: Effective date, if other than the date effective date is listed, the date must be ste of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	the of filing: Febuary 10, 2014 (OPTIONAL)  Specific and cannot be more than five business days prior foof prior for the five business days prior foof prior foot prior for the five business days prior foot prior for the five business days prior foot pri	12 P	r
CLE V: Effective date, if other than the date effective date is listed, the date must be ste of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	te of filing: Febuary 10, 2014 (OPTIONAL)  Specific and cannot be more than five business days prior to of 9  W. Dames  The member or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  The period of the penalties of perjury that the facts stated herein are true.  The penalties of perjury that the facts stated herein are true.	12 P	r

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)