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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: David K. Perry LLC Na	ame of Limited Liability Company
The enclosed Articles of Organization and	d fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
David K. Perry	
<del></del>	Name of Person
David K. Perry LLC	
<u> </u>	Firm/Company
56 Lee Drive	
	Address
Palm Coast, Ft. 32137	
	City/State and Zip Code
Motorcity1954@yahoo.com	
E-mail address: (	(to be used for future annual report notification)
For further information concerning this m	natter, please call:
David K. Perry	at (_703) _945-9532
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$125.00 Filing Fee S130.00 Filing Certificate of	Fee & \$\Bigcup\$155.00 Filing Fee & \$\Bigcup\$\$160.00 Filing Fee,
Mailing Address	Street/Courier Address
Registration Section	Registration Section

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 - Name: The name of the Limited Li	ability Company is:		
David K. Perry LLC.			
(Must	end with the words "Lim	ited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the princip	al office of the Limited Liability C	ompany is:
Principal Office Address:		Mailing Address:	
56 Lee Drive Palm Coast FL.		56 Lee Drive Palm Coast FL.	····
32137		32137	
another business entity with The name and the Florida so Da	_		
<del></del>	N	ame	
56	Lee Drive		
Flo	orida street address (P.O.	Box NOT acceptable)	
Pa	m Coast	<sub>FL</sub> 32137	
	City	Zip	
the place designated in capacity. I further agree	this certificate, I hereby a to comply with the provisi miliar with and accept th	of service of process for the above st ccept the appointment as registered ons of all statutes relating to the pro e obligations of my position as regis hapter 605, F.S.	agent and agree to act in this pper and complete performance
<u>.</u>	David K	Cem	
	Registered Agent's S	ignature (REQUIRED)	*** ""*** **** * * * * * * ***
	(CONT	(NUED)	<u></u>
	Page	1 of 2	5

David K. Perry  56 Lee Drive  Palm Coast Fl. 32137     See attachment if necessary   V: Effective date, if other than the date of filing:	<u>itle:</u>		Name and Address:	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (6), Florida Statutes, the execution of this document constitutes an affirmation under the peraffics 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 K. Perry  Typed or printed name of signee  Filing Fees:  132.137  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In accordance with section 605.0203 (1) (6), Florida Statutes, the execution of this document constitutes an affirmation under the peraffics of perjury that the facts stated herein are true. I am aware that any false information sofunited in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  David K. Perry  Typed or printed name of signee  Filing Fees:	$\overline{AMB}R" = Authorize$	d Member		
Se attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  vie date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a/member or an authorized representative of a member.  (In accordance with section 605.0203 (1) /6), Florida Statutes, the execution of this document constitutes an affirmation under the perspities of perjury that the facts stated herein are true. I am aware that any false information softmited in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  David K. Perry  Typed or printed name of signee  Filing Fees:  13.25.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR" = Manager		D 1146 D	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (6). Florida Statutes, the execution of this document constitutes an affirmation under the perspirites of perjury that the facts stated herein are true. I am aware that any false information shomitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  David K. Perry  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	AMBH	<b></b>		
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (6). Florida Statutes, the execution of this document constitutes an affirmation under the perspires of perjury that the facts stated herein are true. I am aware that any false information solumitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  David K. Perry  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent				
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VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (6), 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 K. Perry  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		• *	ing:	. (OPTIONAL)
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