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(Re	questor's Name)	
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SECRETARY OF STATE ALL AHASSEE, FLORIDA

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CORETARY OF STATE

FEB 2 8 2014

T. BROWN

COVER LETTER».

TO:	Registration Section Division of Corporati	ons	'• .	•
SUBJE	CCT: D & E Macy LLC	Name of Li	mited Liability Company	
The en	closed Articles of Organi	zation and fee(s)	are submitted for filing.	
Please	return all correspondence	concerning this n	natter to the following:	
	D &E Macy LLC		Name of Person	
	D & E Macy LLC			
	D & L WILLO	,	Firm/Company	
	306 Chamberlain	blvd	Address	
	Fort Pierce FL 349		C'a lor.	
_Ru	urede773@aol.com E-mail		City/State and Zip Code	ation)
For fur	her information concerni		•	,
<u>Denni</u>	Name of Perso		772) 519-0025 Area Code Daytime Tel	lephone Number
Enclose	ed is a check for the follo	wing amount:		
□ \$125.0		00 Filing Fee & ficate 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 Addr Registration Se Division of Co P.O. Box 6327 Tallahassee, F	rporations	Street/Courier Addi Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: D & E Macy LLC
D & E Macy 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: 306 Chamberlain blod
306 Chamberlain blvd Fort Pierce FL 34946 Fort Pierce FL 34946
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:
Dennis Macy
Name 306 chamberlain blud Florida street address (P.O. Box NOT acceptable)
FIFL 34946
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)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Member MGR" = Manager	1
Ambl	Dennis Macy
	306 Chamberlain blvb
	F+ Picres FL 34946
anko	Eliza Macy
1-11102	306 chamberlain blud
	Et Pierce FL 34946
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must filing.)	
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V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with sect constitutes an affirmation)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
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