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SECRETARY OF STATE OLVISION OF CORPORATIONS

MAR 21 2014 J. HARRIS

## **COVER LETTER**

OG VEN BETTEN		
TO: Registration Section Division of Corporations		
SUBJECT: DAK RAQUETS and PADDLES ENT Name of Limited Liability Company	ER	PRI
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DONALD A. KIPP		
Name of Person		
DAK RAQUETS and PADDLES ENTERPRIS Firm/Company	E	LLC
804 SILVER DAK AVE		
Address		Φ
TITE VILLAGES FL 32159	7	SEI
City/State and Dip Code  PICK danc @ Yahoo. com  E-mail address. (to be used for future annual report notification)	4 MAR 2	25 25 25
pickdanc@yahoo.com	2	FARE COL
E-mail address: (to be used for future annual report notification)	₽	要品
For further information concerning this matter, please call:	25	
DONALD A. KIPP at (352) 633-1490  Name of Person Area Code Daytime Telephone Number	27	JOHS.
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	1)	

# 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



# FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 26, 2014

DONALD A KIPP 804 SILVER OAK AVE LADY LAKE, FL 32159

SUBJECT: DAK RAQUETS AND PADDLES ENTERPRISE LLC

Ref. Number: W14000012595

We have received your document for DAK RAQUETS AND PADDLES ENTERPRISE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 514A00004302

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAK RAQUETS and PADDLES

(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:  Mailing Address:		
THE VILLABES, FLBD159 SA		
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 canother business entity with an active Florida registration.)	)r	
The name and the Florida street address of the registered agent are:	14 MAR	PINISION
804 SILVER OAK AVE	21	OF CORP
Florida street address (P.O. Box NOT acceptable)	PM 12: (	SIA

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.

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager "M G R	Name and Address:  DONALD A KIPP	•	
•	THE VILLAGES, FL 3215	9	
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ffective date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 c	days afte	r
CLE V: Effective date, if other than the date iffective date is listed, the date must be speed of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 c	days afte	r
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CLE V: Effective date, if other than the date effective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	rald de Renaut be more than five business days prior to or 90 c	days afte	r
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 60)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document	14 MAR 2 I	r
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CLE V: Effective date, if other than the date effective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a met (In accordance with section 60) constitutes an affirmation unde I am aware that any false infort constitutes a third degree felonger.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of a member are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.	14 MAR 2 I	r