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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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SURJECT: De	evelopers Advisor L	· :	;
5050201. <u>-51</u>	evelopers Advisory L Name of Li	mited Liability Company	
The enclosed Arti	cles of Organization and fee(s) a	re submitted for filing.	
Please return all c	orrespondence concerning this m	natter to the following:	
***	!	Paul Peag	
		Name of Person	
	Developers	Firm/Company	
		Firm/Company	
	3324 East Un	iversity Avenue #:	315
		Address	
	Gainesill	c, FL 32607 City/State and Zip Code	
		· ·	
	ppea	a @ murowcm.com of for future annual report notific	
	E-mail address: (to be use	d for future annual report notific	ation)
For further inform	ation concerning this matter, plea	ase call:	
Pay	l Pega at (352) 278 - 1183 Area Code Daytime Te	
	Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fe	e \$\Bigsilon\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ì	Mailing Address	Street/Couries Add	maga

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Developers Advisory LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE 1 - Name: The name of the Limited Liability Company is: Developers Advisory 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: Mailing Address:
3324 East University Ave. #315 Genesville, FL 32607 Genesville, FL 32600
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:
Paul Pega Name
Name 33
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box <u>NOT</u> acceptable)
Gainesville FL 32607 City Zip
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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized 'MGR" = Manager	Member Name and Address: Par I Pear	
MGR		hiversity Ave. #315 32607
ctive date is listed, the	ssary) ther than the date of filing: date must be specific and cannot be more than	. (OPTIONAL) five business days prior to or
V: Effective date, if ctive date is listed, the filing.)	ther than the date of filing: date must be specific and cannot be more than	(OPTIONAL) five business days prior to or 9
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V: Effective date, if etive date is listed, the filing.) VI: Other provisions, REQUIRED SIGNAT	ther than the date of filing: date must be specific and cannot be more than if any. URE: gnature of a member or an authorized be rese	five business days prior to or s
V: Effective date, if etive date is listed, the filing.) VI: Other provisions, the experimental structure of the experimental	ther than the date of filing: date must be specific and cannot be more than if any. URE: gnature of a member or an authorized be bresse with section 605.0203 (1) (b), Florida Statutes, affirmation under the penalties of perjury that the	entative of a member, the execution of this document afacts stated herein are true.
V: Effective date, if tive date is listed, the filing.) VI: Other provisions, EQUIRED SIGNAT	ther than the date of filing: date must be specific and cannot be more than if any. URE: gnature of a member or an authorized perese e with section 605.0203 (1) (b), Florida Statutes,	entative of a member, the execution of this document e facts stated herein are true, to the Department of State