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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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NPR 22 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dow Perving ton LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Don lenvington Name of Person
Dan Pennington LLC Film/Company
10221 Daven port five Address
Youngstown, Fl 32466 City/State and Zip Code diglogdice @ Comcost. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Do Name of Person at (*850) 181-5964 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\bigset\$ \$130.00 Filing Fee & Certificate of Status \$\bigset\$ (additional copy is enclosed) \$25.00 Filing Fee \$\bigset\$ \$\bigset\$ \$160.00 Filing Fee, Certificate of Status \$\bigset\$ Certified Copy (additional copy is enclosed)
Mailing Address Registration Section 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



March 18, 2014

DON PENNINGTON 10221 DAVENPORT AVE YOUNGSTOWN, FL 32466

SUBJECT: DON PENNINGTON LLC

Ref. Number: W14000017341

We have received your document for DON PENNINGTON LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 414A00005846

DIVISION OF COEPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
	Einited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1022/Davenpast Ave			
12. Mg (10:0 × 12 35 40 6	Sine		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must designate an indivi-	dual or	
The name and the Florida street address of the rep	gistered agent are:		
Don Kenni	inater		
10221 Daves	Name Name Vert Ave		
	P.Ó. Box <u>NOT</u> acceptable) FL 32466 Zip		
/ J City	Zip		
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro	accept service of process for the above stated limited liabit by accept the appointment as registered agent and agree to ovisions of all statutes relating to the proper and complete out the obligations of my position as registered agent as pro- Chapter 605, F.S.	to act in 2 perforn	this nance
Registered Agent	's Signature (REQUIRED)		O.
(СО	(NTINUED)	14 APR 22	SECRE!
P	Page 1 of 2	22 PH 12: 52	ARY OF SIME

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Don Ennington 10221 Druen post Mice Journs form, FL 32466	
(If an effective date is listed, the date must be spec	f filing:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	- Alor	
Signature of a mep (In accordance with section 60	ber or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.	

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2