

L140000081199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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14 MAY 20 PM 1:49  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAY 20 2014  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Dib N Dab Outpost 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:

Laurie J Fawcett

Name of Person

The Dib N Dab Outpost LLC

Firm/Company

4813 5<sup>th</sup> Street

Address

New Port Richey, FL 34653

City/State and Zip Code

lfawcett@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie J Fawcett at 727 815-6639

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate 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 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

already PAID.  
check has already been cashed for \$125.00  
Laurie J Fawcett.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2014

DIB N DAB OUTPOST, LLC  
4813 5TH ST  
NEW PORT RICHEY, FL 34653

SUBJECT: DIB N DAB OUTPOST, LLC  
Ref. Number: W14000025336

We have received your document for DIB N DAB OUTPOST, 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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

We are enclosing the proper form(s) with instructions for your convenience.

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: 914A00008516

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 20 PM 1:49



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2014

DIB N DAB OUTPOST, LLC  
4213 5TH ST  
NEW PORT RICHEY, FL 34653

SUBJECT: DIB N DAB OUTPOST, LLC  
Ref. Number: W14000025336

We have received your document for DIB N DAB OUTPOST, 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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

We are enclosing the proper form(s) with instructions for your convenience.

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: 914A00008516

14 MAY 20 PM 1:49  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Dib N DAB Outpost 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:

4813 5<sup>th</sup> Street  
New Port Richey FL  
34653

Mailing Address:

4813 5<sup>th</sup> Street  
New Port Richey FL  
34653

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:

Laurie J Fawcett

Name

4813 5<sup>th</sup> Street

Florida street address (P.O. Box **NOT** acceptable)

New Port Richey FL 34653

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..*

Laurie J Fawcett

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET  
DIVISION OF CORPORATE AFFAIRS  
14 MAY 20 PM 1:49

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

MGR

Name and Address:

Laurie J Fawcett  
4813 5th Street  
New Port Richey, FL 34653

Journey S Lake  
4813 5th Street  
New Port Richey, FL 34653

Nancy C Gordy  
4813 5th Street  
New Port Richey, FL 34653

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

The total amount of capitalization of this limited liability  
company is \$100.00

REQUIRED SIGNATURE:

Laurie J Fawcett

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Laurie J Fawcett

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)