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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	, #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Denson Builders Association 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:
Daniel Mainor
Name of Person
Penson Buildons Assoc Firm/Company
Firm/Company
814 Old Bainbridge Rd
Addiess
Tallahassee, FL 32303 City/State and Zip Code
javagray @ icloud.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taxiel Mainor at (757) 535-6724 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status Certificate of Status 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



47.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Denson Builders 1	Association LLC.imited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "L	cimited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
914 Old Brinbridge Rd	
514 Old Buinbridge Rd Tallahassee, FL 32303	
1 Kilonomee PV James	
ARTICLE III - Registered Agent, Registered C	ts own Registered Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered C	ts own Registered Agent. You must designate an individual or istration.)
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	ts own Registered Agent. You must designate an individual or istration.)
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	ts own Registered Agent. You must designate an individual or istration.)
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg	ts own Registered Agent. You must designate an individual or istration.) gistered agent are: Name
ARTICLE III - Registered Agent, Registered Control (The Limited Liability Company cannot serve as it another business entity with an active Florida registered address of the registered Control (The name and the Florida street address of the registered Control (The name and the Florida street address of the registered Control (The name and the Florida street address of the registered Control (The Limited C	ts own Registered Agent. You must designate an individual or istration.)
ARTICLE III - Registered Agent, Registered Control (The Limited Liability Company cannot serve as it another business entity with an active Florida registered address of the registered Control (The name and the Florida street address of the registered Control (The name and the Florida street address of the registered Control (The name and the Florida street address of the registered Control (The Limited C	ts own Registered Agent. You must designate an individual or istration.) distered agent are: Wainer Name Bainbridge Rd

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)



	itle: AMBR" = Authorized Member	Name and Address:	
	MGR" = Manager		
_	MGR	Maine Maine	_
		814 ad Bumbridge Rd	•
		Tallahassee, FL 32303	-
		·	
	····		
		·	
_			•
			-
	<u> </u>		
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J)	se attachment if necessary)		•
	•	to date of filings	•
ARTICLE	V: Effective date, if other than the	he date of filing:	'O davs afti
ARTICLE	V: Effective date, if other than the date is listed, the date must	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9	0 days afte
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ARTICLE (If an effect the date of	V: Effective date, if other than the street is listed, the date must filling.) VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 9	0 days aft
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ARTICLE (If an effect the date of ARTICLE	V: Effective date, if other than the live date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of the little	f a member or an authorized representative of a member, tion 605.0203 (1) (b), Florida Statutes, the execution of this document	0 days aft
ARTICLE (If an effect the date of ARTICLE	V: Effective date, if other than the live date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of the date must filing.)	f a member or an authorized representative of a member, tion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.	0 days aft
ARTICLE (If an effect the date of ARTICLE	V: Effective date, if other than the live date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of the date must fill accordance with section constitutes an affirmation I am aware that any fals	f a member or an authorized representative of a member, tion 605.0203 (1) (b), Florida Statutes, the execution of this document	0 days aft
ARTICLE (If an effect the date of ARTICLE	V: Effective date, if other than the live date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of the date must fill accordance with section constitutes an affirmation I am aware that any fals	f a member or an authorized representative of a member, tion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, it information submitted in a document to the Department of State	0 days aft

ARTICLE IV-

Page 2 of 2

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)

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