## 114000121131

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
ARASSEE, FLORIDA

AUG - 1 2014 T. BROWN

### COVER LETTER

	egistration Section  Asion of Corporations		<b>.</b> .	•(	÷
SUBJECT	: Darin's	Name of Lin	and and nited Liability	Company	ashing LLC.
The enclose	ed Articles of Organization	1 and fee(s) ar	e submitted for	filing.	
Please retur	n all correspondence cond	erning this ma	atter to the follo	owing:	
	Darin	J Car	Men Name of Per	son	
	Darin's F				shing Lh.C.
	42 W. Oak	st Lot	Address		
	Osprey Carmen 7 E-mail addre	FL	3426 ity/State and Z	p Code	
2	Carmen 70 E-mail addre	Ss: (to be used	Mail,	LOM ual report notifica	tion)
For further	information concerning th	is matter, plea	se call:		
Dari	Name of Person	at (	941 Area Code	961-53 Daytime Tel	878 ephone Number
Enclosed is	a check for the following	amount:			
□ \$125,00 Fil		iling Fee & e of Status	□\$155.00 F Certified ( (additional c	_	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			e.		

### 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

# ARTICLE II - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Addr

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)

HQ W, Oak 5+ Lot Q Florida street address (P.O. Box NOT acceptable)

The name and the Florida street address of the registered agent are:

(CONTINUED)

Page 1 of 2

<u>`itle:</u>		ame and Address:
$\overline{AMBR}$ " = Authorized M	ember	/
MGR" = Manager		$\Lambda / / \Lambda$
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V: Effective date, if other	or than the date of filing:	(OPTIONAL)
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Use attachment if necessary: V: Effective date, if other tive date is listed, the da filling.) V1: Other provisions, if a	er than the date of filing: te must be specific and c	. (OPTIONAL) annot be more than five business days prior to
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V: Effective date, if other tive date is listed, the date is listed, and listed is listed in the listed is listed.  EQUIRED SIGNATURES Signature is listed in the	er than the date of filing:te must be specific and comp.  RE:	2 men.
V: Effective date, if other tive date is listed, the date is listed, if a secondary is listed in a secondary is listed in the date is listed in the date.	er than the date of filing:te must be specific and company.  RE:	Duen.  authorized representative of a member.  (b), Florida Statutes, the execution of this documents.
V: Effective date, if other tive date is listed, the date is listed, and is listed in accordance with the constitutes and affective date.	ature of a member or are with section 605.0203 (1) firmation under the penalt	annot be more than five business days prior to  Quell  authorized representative of a member.  (b), Florida Statutes, the execution of this documies of perjury that the facts stated herein are true.
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V: Effective date, if other tive date is listed, the date is listed at liste	ature of a member or any false information subrid degree felony as provided.	authorized representative of a member.  (b), Florida Statutes, the execution of this documites of perjury that the facts stated herein are true. nitted in a document to the Department of State ed for in s.817.155, F.S.)
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)