L14 000151454

(Requestor's Name)
(Address)
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(
(City/State/Zip/Phone #)
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•
(Document Number)
,
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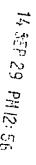
TO ACKNOWLEDGE

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I Am Aware that then are other companies with the name marge.

Varyshar properties, but I would to file my LLC mare as Daystare properties LLC

I mly 6

COVER LETTER

TO: Registration Division of C	i Section Corporations		
SUBJECT: O	745 TACKLOPO Name of Lin	peaties LC	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Shelly	Packer / Or Name of Person	mystar Consulting
(Daystan (Cowsultway Firm/Company	Group LLC
	451 Me	lvin street	- -
	TAllaha	ity/State and Zip Code The host many of the difference of the control of the con	32301
)10) = 15	ity/State and Zip Code	,
	E-mail address: (to be used	for future annual report notification	ation)
For further information	on concerning this matter, plea		
Shell	nd of Person	850, 567- C Area Code Daytime Te	1995 Jephone Number
Enclosed is a check for	or 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)
<u>Ma</u>	iling Address	Street/Courier Add	ress

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	 N	Mailing Address:		
1451 Melvin St. TAllahasse FIA			× 14642 sa Fb 32317)
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se another business entity with an active Flor	rve as its own Reg			•
The name and the Florida street address of	the registered age	nt are:		
DAUCH	AL CONS	ulting Gra	ow ac	
	Name	3117Re 013	7	
/	Melvi	,		
^	ress (P.O. Box <u>NC</u>	-	,	
TALLAL	1AJXC	FL 3238	<u>) {</u>	
	City	Zip		
Having been named as registered agent a	nd to accept service	e of process for the ab	ove stated limited liability comp	oany 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.

The mailing address and street address of the principal office of the Limited Liability Company is:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Daystac Consolting G	roup	L
	1 ATTAMESSE , 1-1871019	<u>.52</u> 00)	
			
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(1 les 244 els 24 les 2		· · · · · ·	
(Use attachment if necessary)	•		
6·/			
G /			_
E VI: Other provisions, if any.	l. 1		- -
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 603 constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this does the penalties of perjury that the facts stated herein are nation submitted in a document to the Department of Status as provided for in s.817.155, F.S.)	true.	
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this do the penalties of perjury that the facts stated herein are nation submitted in a document to the Department of Statutes.	true.	- -

ARTICLE IV-