

L14000153109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

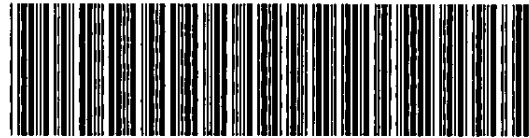
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/25/14--01020--008 \*\*160.00

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B. BOSTICK

OCT - 1 2014

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DALTON'S ALLIED CRAFTSMEN, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

MATTHEW DALTON

Firm Company

DALTON'S ALLIED CRAFTSMEN, LLC

Address

607 SW 9TH ST

City, State and Zip Code

DEIRAY BEACH FLA 33444

E-mail address: (to be used for future annual report notification) → ALLIEDCRAFTS@gmail.com

For further information concerning this matter, please call:

MATTHEW DALTON

Name of Person

at

561

Area Code

531 9037

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  
Tilton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DACTON'S ALLIED CRAFTSMEN, 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:

607 SW 9<sup>TH</sup> STREET  
DELRAY BEACH, FL 33444

Mailing Address:

607 SW 9<sup>TH</sup> STREET  
DELRAY BEACH, FL 33444

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:

Jodi Cherico  
Name  
2640 Devon Ct  
Florida street address (P.O. Box NOT acceptable)  
Delray Beach, FL 33445  
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.

Jodi Cherico  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR / MGR : MATTHEW DALTON

607 SW 9<sup>TH</sup> ST.

DETRAY BEACH FLA 33444

(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.

N/A

**REQUIRED SIGNATURE:**

Matthew Dalton

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.)

Typed or printed name of signer

MATTHEW DALTON

**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)

FILED  
SEP 22 2011  
DETRAY BEACH, FLA  
STATE