

L14000156141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

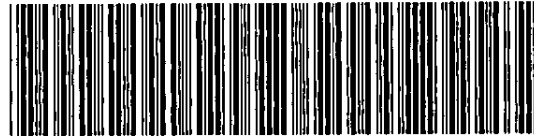
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Burch OCT 7 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dropin Pickup, LLC

Signature _____

Requested by: SETH

10/06/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION

DROPIN PICKUP LLC

A FLORIDA LIMITED LIABILITY COMPANY

THESE ARTICLES OF ORGANIZATION (Hereafter "Articles") are hereby submitted to the Florida Department of State, Division of Corporations as follows:

ARTICLE I

The name of the limited liability company is Dropin Pickup LLC.

ARTICLE II

The address of the principal office and mailing address of the limited liability company is:

Principal Office Address

6649 Dolphin Cove Drive

Apollo Beach, FL 33572

Mailing Address

6649 Dolphin Cove Drive

Apollo Beach, FL 33572

ARTICLE III

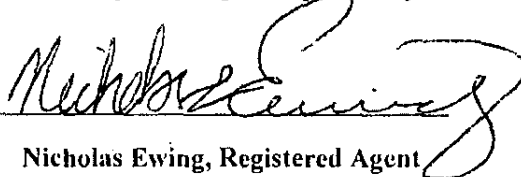
The individual named as registered agent and their Florida street address is:

Nicholas Ewing

6649 Dolphin Cove Drive

Apollo Beach, FL 33572

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..


Nicholas Ewing, Registered Agent

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14 OCT - 6 PM 4:45
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TALLAHASSEE, FLORIDA

ARTICLE IV

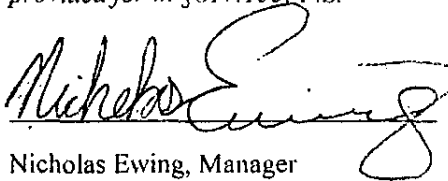
The following individuals are authorized to manage and control Dropin Pickup LLC

<u>TITLE</u>	<u>NAME</u>
Manager	Nicholas Ewing; 6649 Dolphin Cove Drive, Apollo Beach, FL 33572
Authorized Member	Mike Farrell; 6710 Maybole Place, Temple Terrace, FL 33617
Authorized Member	Fabian Camilo Buitrago; 5732 Calais Blvd N #2, St Petersburg, FL 33714
Authorized Member	Denny Umphreys II; 4217 La Sorrento Court, Tampa, FL 33611
Authorized Member	Chase Collins; 14812 Barby Avenue, Tampa, FL 33625
Authorized Member	Jackson Harpe; 14867 Shady Knoll Ct., Tampa, FL 33613

ARTICLE V

Dropin Pickup LLC shall be effective on the date of filing, this ____ day of October, 2014.

In accordance with §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 §817.155, F.S.



Nicholas Ewing, Manager

DROPIN PICKUP, LLC

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