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| PICK-UF | WAIT MAIL |
| | (Business Entity Name) |
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| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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| ₽ . | , Office Use Only |



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EFFECTIVE DATE

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NOV = 7 2014
T. BROWN

COVER LETTER

| Division of Corporations | | |
|--|---|--|
| CIDIDOT DEDDAD I was at lakely or any | | |
| SUBJECT: <u>REDDAD, Liminted Liability Comp.</u> Name of Lin | nited Liability Company | |
| | | |
| The enclosed Articles of Organization and fee(s) as | re submitted for filing. | |
| Please return all correspondence concerning this m | atter to the following: | |
| David A. Dewkett | | |
| | Name of Person | |
| DEED AD 11.14. 14.14.111. O | | |
| REDDAD, Limited Liability Compar | iy Firm/Company | |
| | | |
| 6223 Yosemite Dr. | | |
| | Address | · · · · · · · · · · · · · · · · · · · |
| | | |
| Port Orange, FL 32127 | | |
| C | ity/State and Zip Code | |
| ddewkett@yahoo.com | d for future annual report notifica | tion) |
| E-man address. (to be used | d for future annual report notifica | uon) |
| For further information concerning this matter, plea | ase call: | |
| | | |
| David A. Dewkett at (; | | ephone Number |
| Name of Person | Area Code Daytime Tel | ephone 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) |

- TO:

Registration Section

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

| ARTICLES OF ORGANIZATION | FOR FLORIDA LIMITED LIABILITY COMPANY |
|---|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| REDDAD. Limited Liability Company | |
| (Must end with the words "Li | imited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the princ | |
| Principal Office Address: | Mailing Address: |
| REDDAD, Limited Liability Company 6223 Yosemite Dr. | REDDAD, Limited Liability Company 6223 Yosemite Dr. |
| Port Orange, FL 32127 | Port Orange, FL 32127 |
| ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis | s own Registered Agent. You must designate an individual or |
| The name and the Florida street address of the regi | istered agent are: |
| m 11 A m 1 | |

David A. Dewkett

Name

6223 Yosemite Dr. Florida street address (P.O. Box NOT acceptable)

City

Port Orange

Zip

FL 32127

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)

(CONTINUED)

Page 1 of 2

| AMBR" = Authorized Member MGR" = Manager AMBR* David A. Dewkett 6223 Yosemite Dr. Port Orange. Fl. 32127 AMBR* Ruth Ellen Dewkett 6223 Yosemite Dr. Port Orange. Fl. 32127 AMBR* Ruth Ellen Dewkett 6223 Yosemite Dr. Port Orange. Fl. 32127 V. Effective date, if other than the date of filing: November 10, 2014 (OPTIONAL) titive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statues, 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.) David A. Dewkett Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | <u> Citle:</u> | Name and Address: |
|--|---|---|
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| Port Orange, FL 32127 Ruth Ellen Dewkett 6223 Yosemite Dr. Port Orange, FL 32127 Use attachment if necessary) V: Effective date, if other than the date of filing: November 10, 2014 (OPTIONAL) et al. (OPTIONAL) et al. (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.) David A. Dawkett Typed or printed name of signee | 'AMBR" | David A. Dewkett |
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