L15000030450

(Re	equestor's Name)	
(ive	questor s rearrie)	·
(Ad	ldress)	
(Ad	ldress)	
	ty/State/Zip/Phone	. 40
(Cit	.y/State/Zip/Fnone	;
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
'	_	
Special Instructions to	Filing Officer:	
		j
L <u> </u>	· · · · · · · · · · · · · · · · · · ·	





300269325973

02/12/15--01020--014 **125.00

15 FEB 12 PM 1:31
SECRETARY OF STATE
ORID

FEB 1 9 2015

T. HAMPTON

COVER LETTER

	Registration Solvision of Co		•	
SUBJEC	Ր։ <u>LD Gun </u> ։	Service LLC		
		Name of Lin	nited Liability Company	
The enclo	sed Articles o	f Organization and fee(s) ar	e submitted for filing.	
Please ret	ım all corres _i	oondence concerning this ma	atter to the following:	
	Larry W. D)etwiler		
			Name of Person	
		1		
	LD Gun S	ervice LLC		
		!	Firm/Company	·
(O.)	·1 · : (a)	į ·		
	2807 Yac	olt Ave		
	<u> 2007 1800</u>	лі дув.	Address	
		•		
	North Port	FL, 34286	ity/State and Zin Code	
			ity/buite and hip code	- 6.
Lam	Detwiler@	live.com		<u> </u>
i Handir egt		E-mail address: (to be used	d for future annual report notifica	ition)
		concerning this matter, plea	nge call·	
·	i inomination	i	ase can.	
Larry De			204-5196	
	Nam	e of Person	Area Code Daytime Te	lephone Number
	· .	į ,		
Enclosed	is a check for	the following amount:	· · · · · · · · · · · · · · · · · · ·	
\$125.00 I	Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
Ψ125.00 3	200	Certificate of Status	Certified Copy	Certificate of Status &
		!	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		ing Address	Street/Courier Add	ress
, , ,		stration Section	Registration Section	44
	ACTA DIVIS	ion of Corporations	Division of Corpora	uons

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Por ficher int c

M SI the things to

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(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: 2807 Yacolt Ave North Port, Fl., 34286 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: Larry W. Detwiller Name 2807 Yacolt Ave. Florida street address (P.O. Box NOT acceptable) North Port Fl. 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 provision 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. ARTICLE III - reministry of the complete performance	LD Gun Service L		ords "I imited I inhility (Company "I I C " or	"IIC"\
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 2807 Yacolt Ave North Port. FL. 34286 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: Larry W. Detwiller Name 2807 Yacolt Ave. Florida street address (P.O. Box NOT acceptable) North Port FL 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company 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 performant 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. AREICLE 141 People Chapter 605, F.S. Chapter 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)		•	ords Limited Liability	company, L.L.C., or	LLC.)
2807 Yacolt Ave North Port, FL. 34286 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: Larry W. Detwiler Name 2807 Yacolt Ave. Florida street address (P.O. Box NOT acceptable) North Port FL 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 performant 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)			ne principal office of the	Limited Liability Con	npany is:
North Port, FL. 34286 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: Larry W. Detwiller Name 2807 Yacolt Ave. Florida street address (P.O. Box NOT acceptable) North Port FL 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company 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 performant 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)	Principal Office A	ddress:	<u>Mailin</u>	g Address:	
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: Larry W. Detwiler Name 2807 Yacolt Ave. Florida street address (P.O. Box NOT acceptable) North Port Fl. 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 performant 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 Chapter 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED)	2807 Yacolt Ave	<u> </u>	<u>2807`</u>	Yacolt Ave.	
(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: Larry W. Detwiler Name 2807 Yacolt Ave. Florida street address (P.O. Box NOT acceptable) North Port FL 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company, 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. Larry W. Detwiler Name 2807 Yacolt Ave. Florida street address (P.O. Box NOT acceptable) North Port FL 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company to the place of the proper and 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. Chapter 605, F.S. Larry W. Detwiler Name AR FICAL III Pool (CONTINUED)	North Port, FL. 34	286	<u>North</u>	Port. FL. 34286	· · · · · · · · · · · · · · · · · · ·
North Port FL 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 performant 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 Chapter 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED)	(The Limited Liabil another business en	ity Company cannot ser tity with an active Flori	ve as its own Registered da registration.)	d Agent. You must desi	
North Port FL 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 performant 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 Chapter 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED)		 			
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 performant 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., Chapter 605, F	tirkari Nere	Larry VV. DovVIIIO		,	
Florida street address (P.O. Box NOT acceptable) North Port FL 34286 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company 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. Chapter 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)		2907 Vacalt Ava		1.114.	•
Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 performant 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., Chapter 605,		ZOUT TACUIL AVE.			
Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 performant 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., Chapter 605,	M. Ash C.			ceptable)	
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 performant 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., Chapter 605, F.S., Begistered Agent's Signature (REQUIRED) (CONTINUED)	AB (Axis)	Florida street addr	ess (P.O. Box <u>NOT</u> acc	•	
		Florida street addr North Port C	ess (P.O. Box <u>NOT</u> acc FL 3	34286 Zip	ed limited liability company
Page 1 of 2 ALLAHASS ALLAHASS	Having been name the place design capacity. I furthe for my duties, and	North Port North Port d as registered agent an ated in this certificate, I r agree to comply with the I am familiar with and	tess (P.O. Box NOT according to accept service of professions of all states accept the obligations of the Chapter 605, F.	Zip ocess for the above stat intment as registered agites relating to the proping my position as registe S	ent and agree to act in this er and complete performanc red agent as provided for in
	Having been name the place design capacity. I furthe of my duties, and	North Port North Port d as registered agent an ated in this certificate, I r agree to comply with the I am familiar with and	ess (P.O. Box NOT according to accept service of professions of all status accept the obligations of Chapter 605, F. Selules Agent's Signature (REC	Zip ocess for the above stat intment as registered agites relating to the proping my position as registe S	ent and agree to act in this er and complete performand red agent as provided for in

जो भेए तेतर है जात है अ

<u>Fitle:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Larry W Detwiler
AMBR	Leslie A. Detwiler
AMBR !	Matthew S. Detwiler
1	
(Use attachment if necessary)	t , Addings: (OPTIONAL)
(Use attachment if necessary) EV: Effective date, if other than the extive date is listed, the date must of filing.)	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 9
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must of filing.)	date of filing: (OPTIONAL)
(Use attachment if necessary) "NESS" (Name of the standard of	date of filing: (OPTIONAL)
(Use attachment if necessary) E V: Effective date, if other than the extive date is listed, the date must of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section)	date of filing:
(Use attachment if necessary) E V: Effective date, if other than the extive date is listed, the date must of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	date of filing:
(Use attachment if necessary) E V: Effective date, if other than the extive date is listed, the date must of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

Page 2 of 2

Brantikler so

SECRETARY OF STATE