

L15000052845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

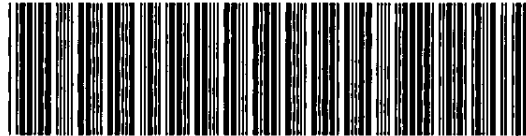
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300270045453

03/03/15--01018--003 **160.00

Effective Date

5/1/15

FILED
15 MAR 25 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2015

T. HAMPTON

1505-19351

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DC Service Company L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Collins
Name of Person

DC Service Company L.L.C.
Firm/Company

P.O. Box 445
Address

Parrish, FL 34219
City/State and Zip Code

dcrefrigeration01@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Collins at (229) 291-2854
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 MAR 23 AM 10:00

RECEIVED
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

March 18, 2015

DAVID COLLINS
P O BOX 445
PARRISH, FL 34219

SUBJECT: DC SERVICE COMPANY L.L.C.
Ref. Number: W15000019351

We have received your document for DC SERVICE COMPANY L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L12000139701 (D & C SERVICES LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 715A00005495

2015-02-22 12:37

St. Frances Xavier 941 776 1307 >> 2456014

P 3/4

Effective Date

5/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DC Refrigeration L.L.C.

(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:

Mailing Address:

12001 69th St. East

Parrish, FL 34219

P.O. Box 445

Parrish, FL 34219

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:

David Collins

Name

12001 69th St. East

Florida street address (P.O. Box **NOT** acceptable)

Parrish

City

FL 34219

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..

David Collins
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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15 MAR 25 AM 8:09
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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AP

Name and Address:

David Collins

12001 69th St. East

Parrish, FL 34219

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/01/2015 (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.**REQUIRED SIGNATURE:**
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.)

David Collins

Typed or printed name of signee

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
15 MAR 25 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA