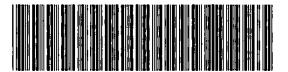
## 1500069013

(Re	questor's Name)	· · ·
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #) <sub>_</sub>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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## **COVER LETTER**

TO: Registration Section Division of Corporation	ons		
SUBJECT: This Is Dave. LL(		I Liability Company	
		<b>7</b>	
The enclosed Articles of Organiz	ation and fee(s) are su	bmitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
David W. Reynolds		<u> </u>	
	N	ame of Person	
This Is Dave, LLC			
	r	irm/Company	
1530 Kenwood Ave	enue, SW		
		Address	
Winter Haven, FL		Parts and Tin Code	
david.reynolds72@gmail.	<u>-</u>	state and Zip Code	
E-mail a	ddress: (to be used for	future annual report notificat	ion)
For further information concerning	g this matter, please c	all:	
David W. Reynolds Name of Person	at ( <u>863</u>	) 581-5408	
Name of Person	ı Are	ea Code Daytime Tele	ephone Number
Enclosed is a check for the follow	ing amount:		
	cate of Status	\$155.00 Filing Fee & Certified Copy Iditional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
This Is Dave, LLC	
(Must end with the words "L	cimited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1530 Kenwood Avenue, SW	1530 Kenwood Avenue, SW
Winter Haven, FL 33880	Winter Haven, FL 33880
Winter Haven, FL 33880  ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i	Winter Haven, FL 33880  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual of
Winter Haven, FL 33880  ARTICLE III - Registered Agent, Registered C	Winter Haven, FL 33880  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	Winter Haven, FL 33880  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg  David W. Reynolds  1530 Kenwood Avenue	Winter Haven, FL 33880  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)  istered agent are:
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg  David W. Reynolds  1530 Kenwood Avenue	Winter Haven, FL 33880  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)  istered agent are:  Name

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

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR	David W. Reynolds
	1530 Kenwood Avenue, SW
	Winter Haven, FL 33880
V: Effective date, if other than the dat	e of filing: March 23, 2015 (OPTIONAL)
V: Effective date, if other than the dat tive date is listed, the date must be spling.)	e of filing: <u>March 23, 2015</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dat tive date is listed, the date must be spling.)	e of filing: <u>March 23, 2015</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dat tive date is listed, the date must be spling.)	e of filing: <u>March 23, 2015</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
SEQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info	e of filing: March 23, 2015 (OPTIONAL)  pecific and cannot be more than five business days prior to or 9  ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true.  rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be spling.)  VI: Other provisions, if any.  SEQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be spling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)