

LI 500071049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

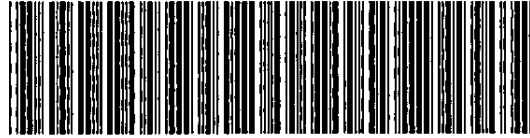
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 23 2015

APRIL 8, 2015

TO: DEPT OF STATE DIV OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR CDL ENTERPRISES OF SPRING HILL, LLC

GEORGE A. DONNELLY

8397 NORTHCLIFFE BLVD

SPRING HILL, FL 34606

cspringhill@tampabay.rr.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CDL ENTERPRISES OF SPRING HILL, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

George A Donnelly
Name of Person

CDL ENTERPRISES OF SPRING HILL, LLC
Firm/Company

8397 Northcliffe Blvd
Address

Spring Hill, Florida 34606
City/State and Zip Code

cspringhill@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Donnelly at (352) 683-4446
Name of Person Area Code Daytime Telephone 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)

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:

CDL ENTERPRISES OF SPRING HILL, LLC

(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:

8397 Northcliffe Blvd
Spring Hill, Florida 34606

8397 Northcliffe Blvd
Spring Hill, Florida 34606

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.)

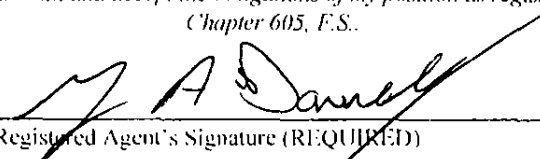
The name and the Florida street address of the registered agent are:

George A Donnelly
Name

8397 Northcliffe Blvd
Florida street address (P.O. Box **NOT** acceptable)

Spring Hill City FL 34606 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

President

Name and Address:

George A Donnelly

8397 Northcliffe Blvd

Spring Hill, Fl 34606

Vice President

Joanne Donnelly

8397 Northcliffe Blvd

Spring Hill, Fl 34606

Secretary

Justin Donnelly

8397 Northcliffe Blvd

Spring Hill, Fl 34606

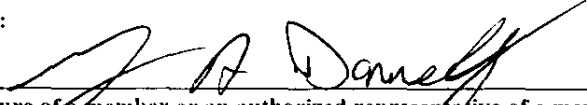
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

George A Donnelly

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)

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