## L15000121054

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(business Entity Name)	
	<del></del>
(Document Number)	
Certified Copies Certificates of Star	tus
Special Instructions to Filing Officer:	





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WAP 7120115

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	Dining Decks, LLC						
Name of Limited Liability Company							
The en	nclosed Articles of Organization and fee(s) are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Andrew Fink						
	Name of Person						
	Dining Decks, LLC						
	Firm/Company						
	2408 Oakdale St.						
	Address						
	Tallahassee, FL 32308						
	City/State and Zip Code abcfink2@gmail.com						
	E-mail address: (to be used for future annual report notification)						
For furth	her information concerning this matter, please call:						
	Andrew Fink 850 766-6194						
	Name of Person Area Code Daytime Telephone Number						
Enclos	sed is a check for the following amount:						
<b>7</b> \$125.0	On Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}						
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dining Decks LLG		11 1 1 1 2 A	67 I O 22 67 I O 20	
(Must er	nd with the words "Limited	Liability Company	', "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal of	fice of the Limited	Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
2408 Oakdale St		2408	3 Oakdale St	
Tallahassee, FL 3	2308	Talla	ahassee, FL 32308	
The Limited Liability Companother business entity with a	iny cannot serve as its own in active Florida registration	Registered Agent. ' 1.)	nt's Signature: You must designate an individual	or
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a The name and the Florida stre	iny cannot serve as its own in active Florida registration	Registered Agent. ' 1.)		or
The Limited Liability Compa nother business entity with a	any cannot serve as its own in active Florida registration et address of the registered	Registered Agent. ' 1.)		or
The Limited Liability Compa nother business entity with a	any cannot serve as its own in active Florida registration et address of the registered	Registered Agent. \ 1.) agent are:		or
The Limited Liability Compa nother business entity with a	any cannot serve as its own an active Florida registration et address of the registered  Andrew Fink	Registered Agent. \ 1.) agent are: Name	You must designate an individual	or
The Limited Liability Companother business entity with a	any cannot serve as its own an active Florida registration set address of the registered  Andrew Fink  2408 Oakdale St	Registered Agent. \ 1.) agent are: Name	You must designate an individual	or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 JUL 20 PM 3: 5:

	Title:		Name and Address:	
	"AMBR" = Authorized	Member		
	"MGR" = Manager MGR		Andrew Fink	
	MGR		2408 Oakdale St	
			Tallahassee, FL 32308	
	MCD		Prest Ma Daviell	
	MGR		Brett McDowell	
			2856 Sunny Ledge Court Land O Lakes, FL 34638	
			Land O Lakes, rL 34038	
	-			
			·	
	~~ 1			
	(Use attachment if neces	sary)		
ARTICI	F.V. Effective data if of	har than the data of filing	(ODTIONAL)	
(If on eff	ective date is listed, the	dete must be specific on	: (OPTIONAL) d cannot be more than five business days prior to or 90 days	ofton
the date		ante must be specific air	a cannot be more than five business days prior to or 50 days	anci
		block does not meet the	applicable statutory filing requirements, this date will not be li	sted as
	ment's effective date on			<b>5.04 4</b> 5
		•		
AKTICL	E VI: Other provisions, i	any.		
				-
				-

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Andrew Fink
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)

Page 2 of 2

SECRETIFY OF STATE

