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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE		ted Liability Company
The enc	closed Articles of Organization and fee(s) are	submitted for filing.
Please r	eturn all correspondence concerning this mat	ter to the following:
		1
	<u>Janiel</u>	Name of Person
	~ 11	Tumb of Foson
	Dan Har	per, LLC.
	'	Firm/Company
	3055)	Nayflower Street Address
		Address
	Same	1,-1 3,11
	Sarasota	State and Zin Code
	KH2-20-4226	J-L 34231 Dy/State and Zip Code Comcastinet
	E-mail address: (to be used to	or future annual report notification)
For furthe	er information concerning this matter, please	call:
	Jan Harper at (	241 323-1106 ea Code Daytime Telephone Number
	Name of Person Are	ea Code Daytime Telephone Number
<b>n</b> .	11 1 de Contro Ciliando a constitu	
	ed is a check for the following amount:	
<b>]</b> \$125.00	0 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Dan Harper L. L. C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Malling Address:
3055 Mayflower Street Sarasota, FL 34231

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:

Daniel Harper

Name

3055 May Flower Street

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

Sarasota FL 34231

City State 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)

Page 1 of 2

Title: "AMBR" = Authorized	Momban	Name and Address:
"MGR" = Manager		- O. C
Vaniel Hard	oer AMBR	3055 May flower Street
<i></i> . <i></i>	,	Sarasota, FL 34231
Use attachment if neces	ssary)	
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