

L 16 0000 79695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

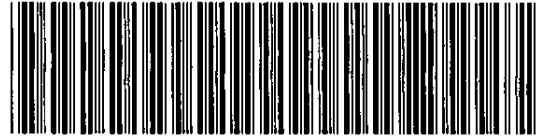
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/26/16--01003--002 **125.00

RECEIVED
DEPARTMENT OF STATE
16 APR 25 PM 3:51
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
16 APR 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/25/16

APPROVED
AND
FILED

COVER LETTER

16 APR 25 PM 4:00

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: D.I.B Accessories LLC
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:

Charles Rhodes

Name of Person

D.I.B Accessories

Firm/Company

3082-B W. Tharpe Street, Tallahassee, FL 32303

Address

City/State and Zip Code

doinbigauto@yahoo.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Rhodes at (850) 848-1176

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

16 APR 25 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

D.I.B. Accessories 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:

3082-B W. Tharpe Street
Tallahassee, Florida
32303

3082-B W. Tharpe Street
Tallahassee, Florida
32303

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:

Bianca Robinson

Name

9416 Carolina Rd S

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

Quincy
City

FL
State

32351
Zip

Having been named or 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 the capacity of 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 501, F.S.

Bianca Robinson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED

16 APR 25 PM 4:00

SECRETARY OF STATE
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

Owner

Name and Address:

Charles Rhodes
3927 Crawfordville Rd
Tallahassee, FL 32305

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Charles Rhodes

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.

Charles Rhodes

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)