

L16000090972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

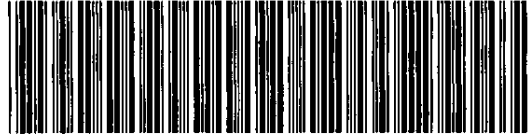
(Document Number)

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16 MAY 11 PM 1:27

5/12/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DSAMC, 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:

DAVID B. CHARLES

Name of Person

DSAMC, LLC

Firm/Company

4946 KLOSTERMAN OAKS COURT

Address

PALM HARBOR, FL 34683

City/State and Zip Code

Dbcharles@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID B. CHARLES

727

687-1204

at ( )

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

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6 MAY 11 PM 1:27



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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16 MAY 11 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 25, 2016

DAVID B. CHARLES  
4946 KLOSTERMAN OAKS COURT  
PALM HARBOR, FL 34683

SUBJECT: DSAMC, LLC  
Ref. Number: W16000030577

We have received your document for DSAMC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 716A00008506

RECEIVED

16 MAY 11 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DSAMC, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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16 MAY 11 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

4946 KLOSTERMAN OAKS COURT  
PALM HARBOR, FL 34683

Mailing Address:

4946 KLOSTERMAN OAKS COURT  
PALM HARBOR, FL 34683

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:

DAVID B. CHARLES

Name

4946 KLOSTERMAN OAKS COURT

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


PALM HARBOR FL 34683

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..*

 4/15/16  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

DAVID B. CHARLES

4946 KLOSTERMAN OAKS COURT

PALM HARBOR, FL 34684

MGR

DIANNE CHARLES

11320 STRATTON PARK DRIVE

TEMPLE TERRACE, FL 33617

MGR

KARIE LEWIS

31177 US HWY 19 N, APT 1007

PALM HARBOR, FL 34684

MGR

LEAH WEEKES

4946 KLOSTERMAN OAKS COURT

PALM HARBOR, FL 34684

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 14th, 2016. (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:**



**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.

per 5/8/16  
David B. Charles

Leah Weekes

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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16 MAY 11 PM 1:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA