

L16000112980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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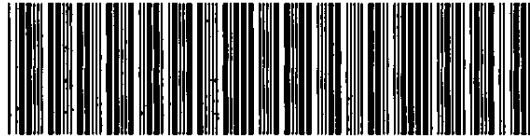
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/08/16--01009--004 \*\*125.00

16 JUN -8 PM 8:18

RECEIVED  
STATE OF ARIZONA  
DEPARTMENT OF REVENUE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DC Society, 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:

Debra Dennis

Name of Person

DC Society, LLC

Firm/Company

8360 144th Lane North

Address

Seminole, FL 33776

City/State and Zip Code

ddennis1020@aol.com

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

For further information concerning this matter, please call:

Debra Dennis

Name of Person

at ( 727 ) 398-2267

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:

DC Society, 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:

8360 144th Lane North  
Seminole, FL 33776

8360 144th Lane North  
Seminole, FL 33776

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:

Debra Dennis

Name

8360 144th Lane North

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

Seminole

FL 33776

City

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.*

Debra Dennis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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

MGR

MGR

**Name and Address:**

Debra Dennis

8360 144th Lane North

Seminole, FL 33776

Chelsey Flack

8360 144th Lane North

Seminole, FL 33776


(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.)

Debra Dennis

CHELSEY FLACK

Typed or printed name of sighee

**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)**

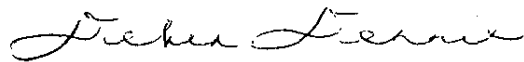
DC Society, LLC  
8360 144th Lane North  
Seminole, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of DC Society, LLC:

Debra Dennis  
8360 144th Lane North  
Seminole, FL 33776

Chelsey Flack  
8360 144th Lane North  
Seminole, FL 33776



Debra Dennis, Organizer

6-3-16

Date



6-4-16