

L16000157393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

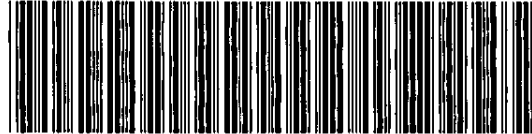
(Document Number)

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8/24/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~DTT LLC~~ DTT Deliveries L.L.C.  
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:

Daniel T Thomas

Name of Person

~~DTT LLC~~ DTT Deliveries L.L.C.  
Firm/Company

3950 Loblolly Bay Drive unit 208

Address

Naples FL 34114

City/State and Zip Code

WWW.breadman5555@gmail.com

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

For further information concerning this matter, please call:

Daniel Thomas

248

830-7469

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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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2016

DANIEL T THOMAS  
3950 LOBLOLLY BAY DRIVE  
UNIT 208  
NAPLES, FL 34114

SUBJECT: DTT LLC  
Ref. Number: W16000047250

We have received your document for DTT 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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: 616A00014168

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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~~DTT LLC~~ DTT Deliveries L.L.C.

(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:

Daniel T Thomas

3950 Leblolly Bay Drive unit 208

Naples FL 34114

Daniel T Thomas

3950 Leblolly Bay Drive unit 208

Naples FL 34114

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 T Thomas

Name

3950 Leblolly Bay Drive unit 208

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

Naples

FL

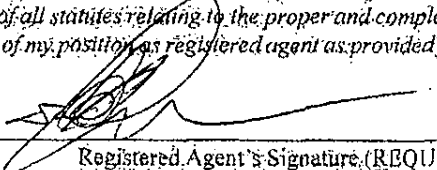
34114

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)

**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:**

Daniel T Thomas

3950 Loblolly Bay Drive unit 208

Naples FL 34114

(Use attachment if necessary)

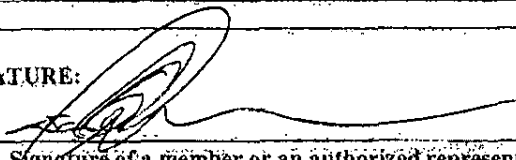
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



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.

Daniel T Thomas

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)

Thursday. Appropriate attire for men includes shirts with collars, dress or casual slacks, and hard-soled or other dress shoes. Appropriate attire for women includes dresses or skirts (hemline cannot be above the tip of the employee's middle finger when the arm is resting at the side), suits, dress shirts, blouses or sweaters, dress or casual pants or slacks, and hard-soled or other dress shoes. The Department has "Casual Fridays" when employees are permitted to wear more casual attire, such as blue jeans and athletic shoes.

Examples of unacceptable clothing and/or appearance include, but are not limited to:

- clothing that contains profanity or logos, slogans, words or pictures that are sexually explicit or suggestive, derogatory, offensive or disrespectful, or that promote the possession or use of alcohol, tobacco or a controlled substance;
- clothing that is worn in a manner that exposes the person's undergarments or torso;
- clothing that is torn, ripped, cut-off or dirty;
- clothing that causes undue attention or distraction or that creates a safety hazard;
- low-cut, sheer, see through or revealing tops;
- skirts or dresses with a hemline above the tip of the middle finger when the arm is resting at the person's side;
- flip flops;
- caps, hats, or visors inside Department buildings or while visiting other agencies; and
- body piercings, unnatural hair colors (i.e., pink, blue, green, yellow, etc.) or other alterations to an employee's appearance that bring unnecessary attention to the employee, cause distraction in the workplace or that create a safety hazard.

Employees who report to work inappropriately dressed or groomed may be sent home and are subject to disciplinary action. If an employee is sent home due to inappropriate dress and/or grooming, the employee will be required to use annual leave or leave without pay for the time spent away from work.

Reasonable accommodations will be made for employees' sincerely-held religious beliefs and disabilities, where possible, provided they do not cause an undue hardship on the Department.

Click on the following link to view the full text of the Department's **Dress Code Policy** -- <http://dosintraweb/Forms/pdf/DressCodeMemo062004.pdf>.

#### **9.10 No Smoking Policy**

Smoking is prohibited at all times in state buildings, at or near the main entrances of all buildings owned or leased by the state, and in all state vehicles.

#### **9.11 Solicitation Policy**

Other than the annual Florida State Employees Charitable Campaign (FSECC), the Department prohibits the solicitation of its employees by other employees or outside parties during working hours or at any time in work areas, unless otherwise approved by the Secretary (or designee). Solicitation includes, but is not limited to: offering to sell or trade

(3) receives from a regulated entity, on his or her own behalf or on behalf of another, a gift the value of which is \$25.00 or more; or

(4) obtains a financial interest in a regulated entity.

A copy of the disclosure statement shall be provided to the Division Director and the Department's Human Resources' Director.

#### **9.7 Special Disclosure Requirements for Certain Employees in the Division of Elections, Bureau of Voting Systems Certification**

Pursuant to Section 101.5605(2)(c), Florida Statutes, any person who examines voting equipment for compliance with the requirements of section 101.5606, Florida Statutes, shall not have a pecuniary interest in any voting equipment. Employees in the Division of Elections, Bureau of Voting Systems Certification, who are responsible for examining voting equipment for compliance with the requirements of section 101.5606, Florida Statutes, are required to periodically certify in writing that they do not have a pecuniary interest in any voting equipment.

#### **9.8 Whistleblower Act**

The Florida Whistleblower Act (ss. 112.3187 - 112.31895, Florida Statutes) protects Department employees against adverse personnel actions, including, but not limited to, suspension or termination of employment, when an employee: (i) reports a violation or suspected violation of federal, state, or local law, rule, or regulation committed by an employee or agent of an agency or independent contractor which creates and presents a substantial and specific danger to the public's health, safety, or welfare, or (ii) discloses information alleging any act or suspected act of gross mismanagement, malfeasance, misfeasance, gross waste of public funds, suspected or actual Medicaid fraud or abuse, or gross neglect of duty committed by an employee or agent of an agency or independent contractor, to a person or entity having the authority to investigate, police, manage, or otherwise remedy the violation or act, including, but not limited to, the Office of the Chief Inspector General, the Department's Inspector General, the Florida Commission on Human Relations, and/or the Whistleblower's Hotline.

It is the policy of the Department that an employee who discloses any such information on their own initiative in a written and signed complaint; or who is requested to participate in an investigation, hearing, or other inquiry conducted by any agency or federal government entity in connection therewith; or who refuses to participate in any adverse action prohibited by the Florida Whistleblower Act; or who initiates a complaint through the Whistle-blower's Hotline or the hotline of the Medicaid Fraud Control Unit of the Department of Legal Affairs; or who files a written complaint to their supervisory officials; or who submits a complaint to the Chief Inspector General in the Executive Office of the Governor, to the Department's Inspector General, or to the Florida Commission on Human Relations, shall be protected against retaliation for such actions.

Any employee who believes that s/he is being retaliated against for engaging in an activity protected under the Florida Whistleblower's Act should promptly contact the Department's Office of Inspector General (850-245-6195), the state Whistleblower's Hotline (1-800-543-5353 or 850-922-1060) or the Florida Commission on Human Relations (850/488-7082).

#### **9.9 Dress Code**

Employees are expected at all times to maintain a professional, neat and clean appearance and to dress and be groomed appropriately in the workplace and when representing the Department. The Department follows a "Business Casual" dress code on Monday through