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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: D.P. MRZ 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:	
David P Mierzwa  Name of Person	
Name of Person	
DP Mrz	
Firm/Company	
8001 Ridge Rd	
Address	
Seminole, Fl. 33772  City/State and Zip Code  SNSCSSTRKROGMALL, COM	رائي خسو
City/State and Zip Code	68
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David P. Mierzwa at (727) 479 3491  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	1 BH
Enclosed is a check for the following amount:	
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	y is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
DPMRZ L.L.C  (Must end with the words "Limited Liability Company, "L.L.C" or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	:	
Principal Office Address:  Sool Ridge Rd  Seminole, Fl 33772  Mailing Address:  3900 Heritage F  Apt 211  TACKSON, Mi 49	/ace I	Æ
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 another business entity with an active Florida registration.)	individual or	
The name and the Florida street address of the registered agent are:		
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and co of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	agree to act in Omplete perforn I as provided fo	this nance or in
(CONTINUED)	16 OCT 31	SEC:
Page I of 2	PH 3: 50	INCO TO THE

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	DAVID P. MIERZWA 8001 Bidge Rd.		
MG	Bennie J. Mierzwa 2900 Heritage Pla Jackson, Mi 492	1 c=1 )3	ox Apta
(Use attachment if necessary)			
effective date is listed, the date must be spe	e of filing: (OPTIONAL pecific and cannot be more than five business days prior to	) o or 90 (	days after
effective date is listed, the date must be spote of filing.)	e of filing: (OPTIONAL pecific and cannot be more than five business days prior to	) o or 90	days after
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effective date is listed, the date must be specified of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 605.020 onstitutes an affirmation under the penalties of am aware that any false information submittee.)	ember of an authorized representative of a member.  03 (H) (b). Florida Statutes, the execution of this document of perjury that the facts stated herein are true. ed in a document to the Department of State for in s.817.155, F.S.)	) o or 90	days after
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