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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

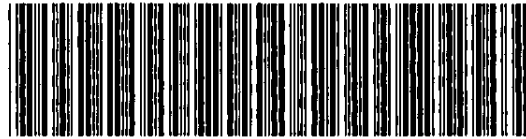
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 31, 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deline, 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:

Traci J. Walker
Name of Person
Deline, L.L.C.
Firm/Company
8045 N.W. Gainesville Rd
Address
Ocala, FL 34475
City/State and Zip Code
traci@zipthecanyons.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Charles Hornbach, Esq. 239 592-9828
Name of Person at 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
Deline, L.L.C.
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: Deline, L.L.C.

**ARTICLE II
PRINCIPAL OFFICE**

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

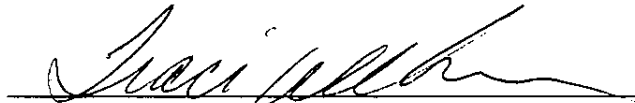
8045 N.W. Gainesville Road
Ocala, Florida 34475

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Traci J. Walker
8045 N.W. Gainesville Road
Ocala, Florida 34475

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, Florida Statutes.


Registered Agent's Signature

**ARTICLE IV
MANAGEMENT**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title

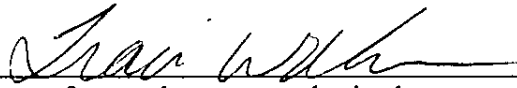
Name and Address

Authorized Member ("AMBR")

Traci J. Walker
8045 N.W. Gainesville Road
Ocala, Florida 34475

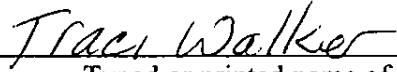
Authorized Member ("AMBR")

David Walker
8045 N.W. Gainesville Road
Ocala, Florida 34475



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 Florida Department of State constitutes a third degree felony as provided for section 817.155, Florida Statutes.



Typed or printed name of signee