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M. MOON
APR 10 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DILLON SERVICES, 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:

RICHARD CAMP, CPA

Name of Person

RICHARD CAMP, CPA, PA

Firm/Company

6817 SOUTHPOINT PARKWAY SUITE 2201

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

RichardC TAX@COMCAST.NET

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

For further information concerning this matter, please call:

RICHARD CAMP

904

281-9924

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street 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: **DILLON SERVICES, LLC.**

ARTICLE II – Address of Principal Office:

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

**2832 LANTANA LAKES DR. E
JACKSONVILLE, FL 32246**

ARTICLE III – Mailing Address of Limited Liability Company:

The mailing address of the Limited Liability Company is:

**2832 LANTANA LAKES DR. E
JACKSONVILLE, FL 32246**

ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature

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

RICHARD CAMP, CPA

Name

6817 SOUTHPOINT PARKWAY., #2201

Florida Street address (P. O. Box not acceptable)

JACKSONVILLE, FL 32216

City, State, and 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 completed performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.

RICHARD CAMP, CPA

By:

Richard N. Camp
Richard N. Camp, Authorized Signatory

Date:

4/6/2017

ARTICLE V – Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager – managed company.

William Morris

Signature of a member or an authorized representative of a member

_____, authorized representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM MORRIS

Typed or printed name of signee

FILING FEES

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy (OPTIONAL)