L1700130437

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	_	
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	Office Use O	nly



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W7-30425

M. MOON APR 0 4 2017



April 10, 2017

DAVID R. GLISSON 1009 E 1ST ST., BOX 71 VIDALIA, GA 30474

SUBJECT: DGW CONSULTING "LLC"

Ref. Number: W17000030825

We have received your document for DGW CONSULTING "LLC" and your check(s) totaling \$160.00. 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000104801.

Please return 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.

Matthew T Moon Regulatory Specialist II

Letter Number: 517A00006820

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	DGW Consulting "LLC"			3812
SCBJEC		Limited Liabilit	y Company	12
The enclo	osed Articles of Organization and fee(s)) are submitted f	For filing.	## ID: 02
Please re	turn all correspondence concerning this	matter to the fo	llowing:	02
	David R. Glisson			
		Name of F	Person	
	DGW Consulting LLC			
		Firm/Con	прапу	
	1009 East 1st Street Box 71			
		Addres	ss	
	Vidalia, Georgia 30474			
	David.Glisson12@yahoo.com	City/State and	Zip Code	
	E-mail address: (to be us	sed for future an	nual report notification)	
For further	information concerning this matter, ple	ease call:		
	David Glisson at	404	831-6711	
	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	Certifie	Siling Fee & Siling Fee & Certificate of Siling Copy is enclosed) Copy is enclosed) Siling Fee & Siling Fee & Certificate of Siling Certified Copy (additional copy is	atus &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N I (2	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabilit	y Company is:				
DGW Consulting "Li	10	اء حدید ہ	dwide consulting	_ 1.	I.C.
			dwide consulfigure. L.L.C.," or "L.L.C.,"	B	
•			,		
ARTICLE II - Address: The mailing address and street ac	ldress of the principal o	office of the Limite	d Liability Company is:		
<u>Principa</u>	al Office Address:		Mailing Address:		
18812 Lansford Dr		100	9 East 1st Street Box 71		
Hudson, FL 34667		Vic	lalia, GA 30474	-	
				17	* .
ARTICLE III - Registered Age				<u> </u>	
another business entity with an a			You must designate an individual or	15	
The name and the Floride street	ddaga uf thuiata			PO	
The name and the Florida street a	iddress of the registered	agent are:		20:0117	
	David R. Glisson	Manag		Ţ,	
		Name		<u> </u>	141.
	18812 Lansford Dr				177
	Florida street addres	s (P.O. Box NOT	acceptable)		
	Hudson	FL	34667		
	City	State	Zip		
place designated in this certificate, urther agree to comply with the pro	I hereby accept the apportisions of all statutes religations of my position	ointment as registe elating fo the prope is registered agent	te above stated limited liability company of red agent and agree to act in this capacity or and complete performance of my duties, as provided for in Chapter 605, F.S	v. 1	
		(CONTINUED)			

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager	D. LLD CU
MGR	David R. Glisson
	1009 East 1st Street Box 71 Vidalia, GA 30474
	Vidana, GA 30474
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ffective date is listed, the date must be e of filing.)	
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be 1
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be b
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LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	especific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be leent of State's records. member or an authorized representative of a member.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex	especific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be leant of State's records. member or an authorized representative of a member. Equation accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.) If the date inserted in this block does nument's effective date on the Departm CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex I am aware that any	especific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be leent of State's records. member or an authorized representative of a member.
CLE V: Effective date, if other than the offective date is listed, the date must be e of filing.) If the date inserted in this block does nument's effective date on the Departm CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex I am aware that any	especific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be leent of State's records. member or an authorized representative of a member, equive in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the offective date is listed, the date must be e of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

ARTICLE IV-