

U7000141212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

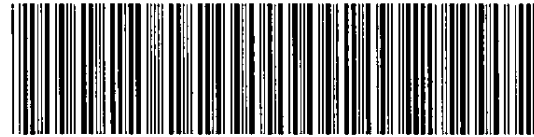
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900300829209

06/23/17 10:17:00 10:17:00

J. FASON

JUN 30 2017

17 JUN 29 AM 7:16
JUL 1 2017 11:00 AM
FILING OFFICE



EMILY MAY LEE
PARALEGAL
(850) 205-8172
ELEE@DEALERLAWYER.COM

June 26, 2017

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

RE: New Filing: D4 St. Augustine, LLC
BSM File: DiFeo

Dear Clerk:

Enclosed please find the Articles of Organization and a check in the amount of \$125 to establish the above referenced LLC. Thank you for your assistance with this matter. Please contact me directly should you have any questions or concerns.

Sincerely,

Emily May Lee
Florida Registered Paralegal

/eml
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: D4 St. Augustine, 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 N. Sox

Name of Person

Bass Sox Mercer

Firm/Company

2822 Remington Green Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

rsox@dealerlawyer.com

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

For further information concerning this matter, please call:

Emily Lee

850

878-6404

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D4 St. Augustine, LLC

(Must contain 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:

2898 US Highway 1 South
St. Augustine, FL 32086

2898 US Highway 1 South
St. Augustine, FL 32086

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:

Richard N. Sox

Name

2822 Remington Green Circle

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

Tallahassee

FL

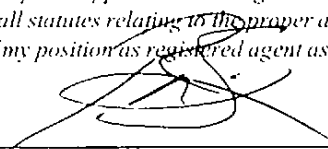
32308

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)

17 JUN 29 AM 7:16
TALLAHASSEE, FL 32308

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:

Andrew DiFeo

713 Wandering Lane

St. Augustine, FL 32080

AMBR

Samuel X. DiFeo

140 Loggerhead Point

Vero Beach, FL 32963

AMBR

Joseph C. DiFeo, Jr.

6912 Cypress Lakes Court

St. Augustine, FL 32086

AMBR

Joseph DiFeo, Sr.

220 Commodore Drive

Jupiter, FL 33477

(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.

Richard N. Sox, Esq

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)