L 800133459

(Requestor's Name)		
(Address)		
(Address)		
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

M. MOON MAY 3 0 2018



800314014928

18 HAY 30 PH 12: 21

IFILE !!

18 MAY 30 PH 2: 0

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/30/18

NAME:

DESOUL UNDERGROUND ENT. LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

DESOUL UNDERGROUND ENT. LLC

ARTICLE II ADDRESS

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

4613 FRISCO CIRCLE

ORLANDO, FLORIDA 32808

ARTICLE III REGISTERED AGENT

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

DALLAS GRADFORD

4613 FRISCO CIRCLE

ORLANDO, FLORIDA 32808

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.

DALLAS GRADFORD / Registered Agent's signature

PAGE 2 DESOUL UNDERGROUND ENT. LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
DALLAS GRADFORD
4613 FRISCO CIRCLE
ORLANDO, FLORIDA 32808

AUTHORIZED MEMBER
DALLAS L GRADFORD
4613 FRISCO CIRCLE
ORLANDO, FLORIDA 32808

DALLAS GRADFORD / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)