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## **COVER LETTER**

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. TO:	New Filing Section Division of Corporations		(a) 2	•		A	ž.		
	Dennis Development Group, LLC	•		*	4.	•		3	
SUBJ	ECT:	imited Liabi	ilitv Com	pany		_	_		
			•						
The en	iclosed Articles of Organization and fee(s)	are submitte	d for filir	ıg.					
Please	return all correspondence concerning this r	matter to the	followin	g:					
	Zayana David Dennis								
		Name o	f Person		_				
		Firm/C	ompany					<del></del>	
	105 Prince Albert Ave								
		Add	Iress						
	St. John Fl. 32259								
		City/State a	nd Zip C	ode		<del></del>		<del></del>	
	david_dennis787@yahoo.com					····			
	E-mail address: (to be use	ed for future	annual r	eport ne	otificat	ion)			
For furt	her information concerning this matter, plea	ase call:							
	Z. David Dennis	651	262-	1459					
	Name of Person	Area Code	/ Day	time Te	lephon	e Number	_		
г.				•					
	sed is a check for the following amount:				-				
<b>S</b> 125.	00 Filing Fee & Certificate of Status	LI <sub>Certi</sub>	.00 Filing fied Copy nal copy	y	Ĺ	S160.00 Certifica Certified (additional	te of Stat Copy	us &	1)
	Mailing Address		Street .	Addres	s				
	New Filing Section		New Fi		_				
	Division of Corporations		Divisio			ions			
	P.O. Box 6327 Tallahassee, FL 32314		Clifton 2661 E		_	er Circle			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:		
Dennis Developm	ient Group LLC		
(Must c	ontain the words "Limite	d Liability Company.	, "L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and stree	et address of the principa	office of the Limited	I Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
			D. 1. A. 11 A.
105 Prince Albert	. Ave		Prince Albert Ave
St. John FL 3225  RTICLE III - Registered The Limited Liability Comp	9 Agent, Registered Office any cannot serve as its over	e. & Registered Age	John FL 32259
St. John FL 3225  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Offic any cannot serve as its ov an active Florida registra	e. & Registered Age vn Registered Agent. tion.)	ohn FL 32259 nt's Signature:
St. John FL 3225  RTICLE III - Registered The Limited Liability Composition of the business entity with	Agent, Registered Offic any cannot serve as its ov an active Florida registra	e. & Registered Age vn Registered Agent. tion.) red agent are:	ohn FL 32259 nt's Signature:
St. John FL 3225  RTICLE III - Registered The Limited Liability Composition of the business entity with	Agent, Registered Office any cannot serve as its over an active Florida registra eet address of the register	e. & Registered Age vn Registered Agent. tion.) red agent are:	ohn FL 32259 nt's Signature:
St. John FL 3225  ARTICLE III - Registered The Limited Liability Comp nother business entity with	Agent, Registered Office any cannot serve as its over an active Florida registra eet address of the register	e. & Registered Age vn Registered Agent. tion.) red agent are: nis Name	ohn FL 32259 nt's Signature:
St. John FL 3225	Agent, Registered Office any cannot serve as its own an active Florida registratest address of the register advana David Dent.  105 Prince Albert	e. & Registered Age vn Registered Agent. tion.) red agent are: nis Name	nt's Signature: You must designate an individual or
St. John FL 3225  ARTICLE III - Registered The Limited Liability Comp nother business entity with	Agent, Registered Office any cannot serve as its own an active Florida registratest address of the register advana David Dent.  105 Prince Albert	e. & Registered Age vn Registered Agent. tion.) red agent are: nis Name	nt's Signature: You must designate an individual or

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)

2019 FEB 13 AM 10: 56
SECRETARY OF STATE

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Victoria Shephard King MGR 105 Prince Albert Ave St. John FL 32259 Zayana David Dennis MGR 105 Prince Albert Ave St. John FL 32259 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: February 11, 2019 ..... (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.

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.

Victoria Shephard King

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)

**REQUIRED SIGNATURE:** 

\$ 5.00 Certificate of Status (Optional)