

Division of Corporations

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**L19000132867**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DIVERSIFIED CORPORATE SERVICES, LLC  
Account Number : I20090000024  
Phone : (518)229-8228  
Fax Number : (302)371-9850

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 MAY 24 AM 10:17

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jerry@diversifiedcorp.com

**FLORIDA LIMITED LIABILITY CO.  
DEVON LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DEVON LLC

(Must end with 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:**

640 DEVON ROAD

SAME

VENICE, FL 34293

**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:

LIAM O'CONNOR

Name

640 DEVON ROAD

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

VENICE

FL

34293

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.*

/s/ LIAM O'CONNOR

Registered Agent's Signature (REQUIRED)

LIAM O'CONNOR

(CONTINUED)

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**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:**

LIAM O'CONNOR

640 DEVON ROAD

VENICE, FL 34293

(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.

THE LIMITED LIABILITY COMPANY, TO THE FULLEST EXTENT PERMITTED UNDER THE FL LIMITED LIABILITY COMPANY ACT, AS THE SAME MAY BE AMENDED AND/OR SUPPLEMENTED, FROM TIME TO TIME, SHALL INDEMNIFY ANY AND ALL PERSONS QUALIFIED TO BE INDEMNIFIED PURSUANT THERETO.

**REQUIRED SIGNATURE:**

/s/ LIAM O'CONNOR

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
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.

LIAM O'CONNOR

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)

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