

L20000117296

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 04 2020



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2020 MAY -4 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2020

GARY HANNON
943 SW 122ND AVE
PEMBROKE PINES, FL 33025

SUBJECT: IDVLPR MARKETING LLC
Ref. Number: W20000035498

We have received your document for IDVLPR MARKETING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the hard copy of the articles of organization. A printed screen shot of the electronic articles is not acceptable. We have sent your check as well as a hard copy of the articles back to you. Please fill out the complete form and return it along with the check to our office so we can process your request.

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 Supervisor

Letter Number: 120A00007424

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: iDulpr Marketing 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:

Mr. Gary Hanner
Name of Person

iDulpr Marketing LLC
Firm/Company

943 SW 122 Avenue
Address

Pembroke Pines FL 33025
City/State and Zip Code

Gary@idulprmarketing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Hanner at (954) 551-6632
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IDVDR Marketing 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:

943 SW 122 Avenue
Pembroke Pines FL 33025

Mailing Address:

Same

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:

Mr. Gary Hannon
Name

943 SW 122 Avenue

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

Pembroke Pines FL 33025
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..

May I Hannon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

<u>MGR</u>	<u>Gary Hannon</u>
	<u>922 SW 122 Avenue</u>
	<u>Pembroke Pines FL 33025</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/17/20 (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:

Mr. Gary Hannon
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.

Mr. Gary Hannon
Typed or printed name of signee

- ✓ \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
✓ \$ 30.00 Certified Copy (Optional)
✓ \$ 5.00 Certificate of Status (Optional)

Filing Fees:

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