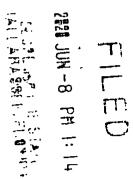
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

Division of Corporations				
SUBJECT: DLS Painting & Pressure Washing, 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:				
Dustin L. Steed Name of Person				
Firn/Company				
3454 Drum St. Address				
Jack Sonville, FL 32207 City/State and Zip Code dustin steed 71278@gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□\$125.00 Filing Fee Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address Street Address				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
DLS Painting + Pressure Washing, 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:			
3454 Drum St. Jacksonville, FC 32207	3454 Drum St. Jacksonville, FC 32207			
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:				
Dustin L. Steed				
3454 Drum St. Florida street address (P.O. Box NOT acceptable)				
Jacksonvil City	le FL 32207 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 capticity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my ditties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.				
Register	red Agent's Signature (REQUIRED)			

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	(C)	
AMBR	Dustin C. Steed	
	Jachsonulle, FC 322	7 50
	JUCKBUILLIE JAA	,C 1
(Use attachment if necessary)		
(Ose attlement it necessary)		
RTICLE V: Effective date, if other than the d	ate of filing: (O	PTIONAL)
	specific and cannot be more than five business da	
e date of filing.)	•	
	ot meet the applicable statutory filing requirements.	this date will not be listed as
ne document's effective date on the Departme		
RTICLE VI: Other provisions, if any.		
-		<u>φρ, σ</u>
SUGALISTIS GLOVE TURN		
<u>REOUIRED</u> SIGNATURE;	000-1	
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	MO A RIVER	F
	member or an authorized representative of a me cuted in accordance with section 605.0203 (1) (b). I	
	alse information submitted in a document to the Dep	
constitutes a third de	gree felony as provided for in s.817.155, F ₄ S.	sament of out
	10 1	
2)09	17N L. Steed	
	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)