

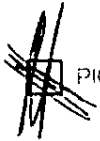
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

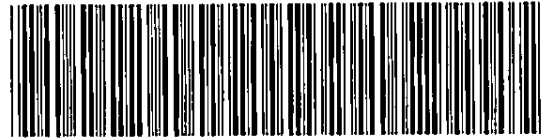
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/21--01001--028 **125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR 22 AM 10:16

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2021 APR 22 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL 32399

4/23/21

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: DABWCC, 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:

KAYE C. HYDE
Name of Person

SMITH THOMPSON SHAW
Firm/Company

3520 THOMASVILLE ROAD, 4TH FL
Address

TALLAHASSEE, FL 32309
City/State and Zip Code

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

For further information concerning this matter, please call:

KAYE HYDE 850 893-4105
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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2021 APR 22 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION OF DABWCC, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **DABWCC, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the United States and under the Laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **5829 East Scallop Lane, Perry, Florida 32348**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **5829 East Scallop Lane, Perry, Florida 32348**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **William Crowley Connally**, and the initial, registered office is located at **5829 East Scallop Lane, Perry, Florida 32348.**

7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company are as follows:

William Crowley Connally
5829 East Scallop Lane
Perry, Florida 32348

Danny Austin Belyeu
2103 Hollywood Drive
Thomasville, Georgia 31702

EXECUTED at Tallahassee, Leon County, Florida this 16 day of April, 2021.



WILLIAM CROWLEY CONNALLY

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **DABWCC, LLC.**
2. The name of the registered agent and office address is: **William Crowley Connally, 5829 East Scallop Lane, Perry, Florida 32348.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

Dated April 16, 2021.



WILLIAM CROWLEY CONNALLY
Registered Agent

2021 APR 22 AM 10:16
RECORDED
TALAMON & ASSOCIATES, P.A.
STATE OF FLORIDA

FILED