

L 210003166 40

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

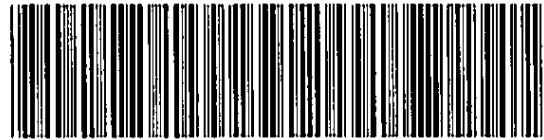
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000064394

Office Use Only



600361774386

04/02/21--01026--028 **160.00

2021 MAR 21 PM 4:44

FILE

COVER LETTER

TO: New Filing Section

Division of Corporations

3D ENTERPRISES OF FREEPORT LLC

SUBJECT:

~~3D ENTERPRISES 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:

DAVID DUCKER

Name of Person

3D ENTERPRISES OF FREEPORT LLC

~~3D ENTERPRISES LLC~~

Firm/Company

63 MULLET DRIVE

Address

FREEPORT FL. 32439

City/State and Zip Code

dducker@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID DUCKER

Name of Person

at (916) 717-0463

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3D ENTERPRISES OF FREEPORT LLC

~~3D ENTERPRISES, LLC~~

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

63 MULLET DRIVE
FREEPORT FL 32439

Mailing Address:

63 MULLET DRIVE
FREEPORT FL 32439

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:

DAVID DURKEE

Name

63 MULLET DR

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

FREEPORT FL 32439

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.

David Durkee

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR 24 PM 4:44

011111

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:

DAVID BURKE

63 MULET DR

FREEPORT FL. 32439

(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.

REQUIRED SIGNATURE:

David Burke

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.

DAVID BURKE

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)



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

2021 MAY 24 PM 1:11

CLERK OF THE COURT
TALLAHASSEE, FL

May 11, 2021

DAVID DURKEE
63 MULLET DRIVE
FREEPORT, FL 32439

SUBJECT: 3D ENTERPRISES LLC
Ref. Number: W21000064394

We have received your document for 3D ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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.

James G Harris
Regulatory Specialist II

Letter Number: 621A00009806

2021 MAY 24 PM 2:42

CLERK OF THE COURT

CLERK OF THE COURT