

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000143434

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

From:
 Account Name : RASI
 Account Number : I20220000023
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 Fax Number : (917)243-5843

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 DWV LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DWV 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:

2838 SW Trailside Path
Stuart, FL 34997

Mailing Address:

2838 SW Trailside Path
Stuart, FL 34997

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:

Vern Wintermute

Name

2838 SW Trailside Path

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

Stuart

FL

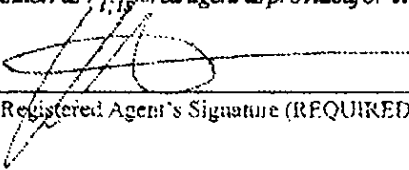
34997

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Link:

Name and Address;

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Vern Wintermute

2838 SW Trailside Path

Stuart, FL 34997

AMBR

Doreen Wintermute

2838 SW Trailside Path

Stuart, FL 34997

(Use attachment if necessary)

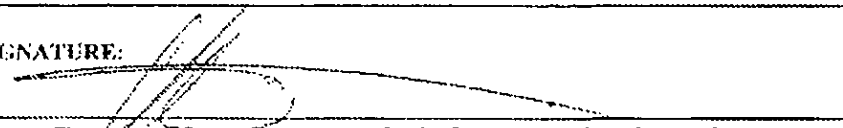
ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)

(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:


 Sign as the officer, manager 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.

Vern Wintermute

Typed or printed name of signer

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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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32307

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