

C22000456954
 10/22/2022 4:56 PM Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALZOOM.COM INC.
 Account Number : 120010000062
 Phone : (323)962-8600
 Fax Number : (323)389-0502

****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.

Davis Mitigation, Limited Liability Company

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 OCT 24 AM 9:15

22 OCT 24 PM 12:35
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 FLORIDA DEPARTMENT OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help



Davis Mitigation, LLC:

4737 6th St.
Zephyrhills, FL 33542

22 OCT 24 PM 12:35

Second Floor, Suite 200
TALLAHASSEE, FLORIDA

I, Brenton Davis, hereby release my name Davis Mitigation, LLC. to Legalzoom and give them full authorization to file the entity Davis Mitigation, Limited Liability Company on my behalf, as I will not be reinstating the dissolved business and have no intention of revoking the dissolution. Signed, Brenton Davis.

Thank You,

Brenton Davis

Brenton Davis

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Davis Mitigation, Limited Liability Company
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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd., 11th Floor

Address

Glendale CA 91203

City/State and Zip Code

RA EMAIL

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

For further information concerning this matter, please call:

Cheyenne Moseley 323 962-8600 ext. 9724
Name of Person at 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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:

Davis Mitigation, Limited Liability Company

(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:

6208 11th St

6208 11th St

Zephyrhills

Zephyrhills

Florida 33542

Florida 33542

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:

United States Corporation Agents, Inc

None

5575 South Semoran Blvd Suite 36

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

Orlando,

FL

32822

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 ~~his~~ 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, FS.

Cheyenne Moseley, US Corp. Agents

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:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Brenton Davis Sr.

6208 11th St

Zephyrhills Florida 33542

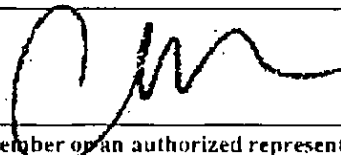
(Use attachment if necessary)

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:


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.

Cheyenne Moseley, Legalzoom.com, Inc.

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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TALLAHASSEE, FLORIDA
CLERK OF THE COURT