

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000149995 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MCNEESE LAW FIRM Account Number : I20190000070 : (850)337-4208 Phone Fax Number : (850)337-4243

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

Email Address: ____lpelegrina@mcneesetitle.com

FLORIDA LIMITED LIABILITY CO. **DTEC 23-30, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Se Division of Co				
SUBJ	DTEC 23-	30, LLC			
		Name of I	imited Liab	lity Company	
The en	nclosed Articles of	f Organization and fee(s)	are submitte	d for filing.	
Please	return all corresp	ondence concerning this	matter to the	following:	•
	Richard S. A	McNeese			
			Name o	f Person	
	McNeese L	aw Firm			
			Firm/C	отралу	
	36468, Emer	rald Coast Parkway, Suite	e 1201		
			Add	ress	
	Destin, Flor	ida 32541			
			City/State a	nd Zip Code	
		neneesetitle.com E-mail address: (to be us	ed for future	annual report notificat	ion)
For furt		oncerning this matter, ple			,
	Lydia Pelegr	ina at (850	337-4242	
	Nam	ne of Person	Area Code	Daytime Telephor	ne Number
Englos	ed is a shack for t	the following amount:			
	5.00 Filing Fee	the following amount: \$130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy and copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	. , .
		filing Section on of Corporations		New Filing Section D The Centre of Tallah	
		Box 6327		2415 N. Monroe Stre	
	Tallah	assee, FL 32314		Tailahassee, FL 3230)3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
DTEC 23-30, LLC	-		
(Must contai	n the words "Limited Li	ability Company, "	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal off	ice of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
36468 Emerald Coast Destin, Florida 32541	Parkway, Suite 1201		8 Emerald Coast Parkway, Suite 1201 n, Florida 32541
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own R	egistered Agent. Y	t's Signature: 'ou must designate an individual or
The name and the Florida street as	ddress of the registered a	gent are:	
	Richard S. McNeese		
		Name	
	36468 Emerald Coast I	arkway, Suite 120)1
	Florida street address (P.O. Box NOT ac	eceptable)
	Destin	Florida	32541
	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.

(CONTINUED)

ed Agent's Signature (REQ

(((H230001499953)))

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	f
"MGR" = Manager	o d mars to Committee
MGR	Destin Title Exchange Company, LLC 36468 Emerald Coast Parkway, Suite 1201
	Destin, Florida 32541
_ 	
(Lise attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other tha	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other that effective date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days
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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)