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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DYNAMIC SHADE INSTALLATION, 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:

John A. Powers

Name of Person

Dreggors, Rigsky & Teal, P.A.

Firm/Company

1006 N. Woodland Blvd

Address

DeLand, FL 32720 -2769

City/State and Zip Code

apowers@drtcpa.com

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

For further information concerning this matter, please call:

John A. Powers

Name of Person

at (386)

Area Code

734-9441

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

SECRET
TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION

FOR

DYNAMIC SHADE INSTALLATION, LLC

ARTICLE ONE:

The name of the Limited Liability Company is:

DYNAMIC SHADE INSTALLATION, LLC

ARTICLE TWO:

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

**19836 NW 215 Terrace
High Springs, Florida 32643-9498**

ARTICLE THREE:

The mailing address of Limited Liability Company is:

**19836 NW 215 Terrace
High Springs, Florida 32643-9498**

ARTICLE FOUR:

The general purposes for which the Limited Liability Company is organized are:

1. To transact and manage any lawful business activity in the State of Florida.

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TALLAHASSEE, FLORIDA

ARTICLE FIVE:

The street address of the initial registered office of the Limited Liability Company is: 19836 NW 215 Terrace, High Springs Florida 32643-9498, and the name of its initial registered agent at such address is: **DEON KLEYNHANS**.

Having been named as resident agent and to accept service of process for the above 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.

Registered Agent Signature: Deon Kleynhans

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TALLAHASSEE, FLORIDA

ARTICLE SIX:

The name and address of person(s) authorized to manage the L.L.C:

Title: MGR/MBR

DEON KLEYNHANS

19836 NW 215 Terrace

High Springs, Florida 32643-9498

Title: ~~A~~MBR

JANE KLEYNHANS

19836 NW 215 Terrace

High Springs, Florida 32643-9498

ARTICLE SEVENTH:

The effective date for this Limited Liability Company shall be: Date of filing

Signature of member or an authorized representative

Deon Kleynhans
DEON KLEYNHANS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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23 MAY 31 PM 11:46
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TALLAHASSEE, FLORIDA