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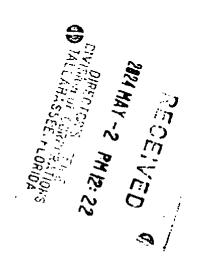
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Special Instructions to F	iling Officer:	

Office Use Only



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# **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Dave Ziesemer 440 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:  DGU, DE Samer  Name of Person				
Dave Diecemer Firm/Company				
18167 NW Bok Gu, I ford Rd Address				
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  37  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810				

Tallahassee, FL 32314

Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Dave Zies emer LL C (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:
18/67 NW Bab Guilford RJ	18/67 NW Bab Guilford
Blounts fown, FL 32424	Blountown FL 32424
·	

# 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:

Name

18/67 NW

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

Blount stown FL 32424

City State 7in

Itaving 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 (REOUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager $M G R$	Dand Zieseme- 18167 NWBDA Guilfon Bloodsrown FL 32	rd R)
AMBR	Tyler Ziesevrer  18167 NW Bob GUNGE  Blooms FOWN FL 3240	Rd Rd
(Use attachment if necessary)	date of filing: (OPTIONAL	
If an effective date is listed, the date must t he date of filing.)	pe specific and cannot be more than five business days prior to not meet the applicable statutory filing requirements, this date we	o or 90 days after
This document is c	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Stafalse information submitted in a document to the Department of egree felony as provided for in s.817.155, F.S.  Typed or printed name of signee	
\$125.00 Filing Fee for Articles o \$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (O		2624 }.