L28000456078

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· · · · · · · · · · · · · · · · · · ·





300458496573

09/30/25--01014--016 ++160.00

COVER LETTER

A CONTRACTOR OF THE SECOND

	ew Filing Sec ivision of Co				
SUBJECT		SLAYER VENTURE			
CODUCT	•	Name of	Limited Liab	oility Company	
The enclose	ed Articles of	Organization and fee(s	;) are submitt	ed for filing.	
Please retu	rn all correspo	ondence concerning thi	s matter to th	e following:	
	David C. Ch	avez			
			Name	of Person	
	David C. Ch	avez			
		_	Firm/0	Company	 -
	651 NM 314	SW			
			Ad	dress	_
	Los Lunas, à	New Mexico 87031			
	david@david		City/State	and Zip Code	
-			ised for futur	e annual report notificat	ion)
For further in	nformation co	ncerning this matter, pl	ease call:		
	David C. Cha		505	280-2550	
	Nam	e of Person		Daytime Telephon	e Number
Enclosed is	a check for ti	he following amount:			
□\$125.00		□\$130.00 Filing Fe Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, Fl. 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4-1-6-6

ARTICLE 1 - Name:				
The name of the Limited Liabi	lity Company is:			
<u>DRAGON SLAYE</u>	R VENTURES, LLC			_
(Must co	ntain the words "Limite	ed Liability Com	pany, "L.L.C.," or "LLC."	")
ARTICLE II - Address:				
The mailing address and street	address of the principa	Loffice of the Li	mited Liability Company i	is:
Princi	pal Office Address:		Mailing ,	Address:
	<u> </u>		<u> </u>	
651 NM 314 SW	<u> </u>		P.O. Box 1615	
Los Lunas, New M	exico 87031		Los Lunas, New Mexico	87031
				
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	ly cannot serve as its ov	vn Registered A	Agent's Signature: gent. You must designate a	an individual or
The name and the Florida stree	t address of the register	ed agent are:		
	Melvyn S. Bernste	in		
		Name		
	251 New Gate Loc	ıp.		
	Florida street addr	ess (P.O. Box N	OT acceptable)	
	Lak Mary	Florida	32746	

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.,

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
WILLIE - WILLIADEE	
_	Durid C. Charres
Managing Member	David C. Chavez 651 NM 314 SW
	Los Lunas, NM 87031
	200 500000 00000
	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
effective date is listed, the date mu te of filing.)	
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 days a bes not meet the applicable statutory filing requirements, this date will not be lis
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any.	est be specific and cannot be more than five business days prior to or 90 days a dees not meet the applicable statutory filing requirements, this date will not be list artment of State's records.
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep	est be specific and cannot be more than five business days prior to or 90 days a dees not meet the applicable statutory filing requirements, this date will not be list artment of State's records.
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any.	est be specific and cannot be more than five business days prior to or 90 days a dees not meet the applicable statutory filing requirements, this date will not be list artment of State's records.
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document: Lam aware that	est be specific and cannot be more than five business days prior to or 90 days a dees not meet the applicable statutory filing requirements, this date will not be list artment of State's records.
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document: I am aware that constitutes a thir	est be specific and cannot be more than five business days prior to or 90 days a pes not meet the applicable statutory filing requirements, this date will not be list artment of State's records. For a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document: Lam aware that	bes not meet the applicable statutory filing requirements, this date will not be list artment of State's records. For a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document: I am aware that constitutes a thir	est be specific and cannot be more than five business days prior to or 90 days a pes not meet the applicable statutory filing requirements, this date will not be list artment of State's records. For a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document I am aware that constitutes a thir	est be specific and cannot be more than five business days prior to or 90 days able on the most statutory filing requirements, this date will not be list artment of State's records. Tof a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S. Chavez Typed or printed name of signee Filing Fees:
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document I am aware that constitutes a thir	of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Chavez Typed or printed name of signee
effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Dep CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document I am aware that constitutes a thir	es not meet the applicable statutory filing requirements, this date will not be list artment of State's records. For a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Chavez Typed or printed name of signee Filing Fees: es of Organization and Designation of Registered Agent