

L9500000961

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
95 DEC 12 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300001658803
-12/12/95--01057--006
***293.75 ***293.75

SUBJECT:

DLS Properties, L.C.

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00

Filing Fee
& Registered
Agent designation

☒ \$293.75

Filing Fee,
Registered Agent
Designation &
Certificate

☐ \$337.50

Filing Fee,
Registered Agent
Designation &
Certified Copy

☐ \$346.25

Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM:

Ralph Sanchez

Name (Printed or typed)

% P.O. Box 809

Address

Woodville, Florida 32362

City, State & Zip

904-421-1849

Daytime Telephone number

Will
Wait

NOTE: Please provide the original and one copy of the articles

D. BROWN DEC 12 1995

**DLS Properties, L.C.
Articles of Organization**

ARTICLE I

DLS Properties, L.C. shall be the name of this Limited Liability Company.

ARTICLE II

The mailing address shall be:

DLS Properties, L.C.
c/o P.O. Box 809
Woodville, Florida
postal zone 32362

The street address of the principle office shall be:

DLS Properties, L.C.
c/o 572 Woodville Hwy.
Crawfordville, Florida
postal zone 32327

ARTICLE III

The period of duration of this limited liability company shall be thirty (30) years from the date of filing.

ARTICLE IV

The limited liability company is to be managed by the members and the name and address of the managing member is:

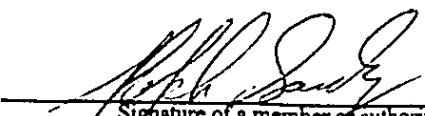
Ralph Sanchez
c/o P.O. Box 809
Woodville, Florida
postal zone 32362

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of DLS
Properties, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 500⁰⁰.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 24,500.
- 5) the total amount of 2, 3, and 4 is \$ 25,000.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: DLS Properties, L.C.

2. The name and address of the registered agent and office is:

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TALLAHASSEE, FLORIDA

Physical address only { Karen Spataro
(NAME)
748 Woodville Hwy
(P.O. Box NOT ACCEPTABLE)
Impt. { Crawfordville, Florida 32327
(CITY/STATE/ZIP)
For mail purposes { 90 P.O. Box 1143
Woodville, Florida 32362

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.

[Signature] 12/12/95
(SIGNATURE) (DATE)

FILE NOW: Fee after May 1, will be \$263.75

L9500000961

FILED

96 FEB 12 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L9500000C961

DLS PROPERTIES, L.C.
P. O. BOX 809
WOODVILLE FL 32362

1a. Principal Place of Business Address

572 WOODVILLE HIGHWAY
CRAWFORDVILLE FL 32327

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

12/12/1995

FL

4. FEI Number

☒ Applied For

☐ Not Applied For

5. Date of Last Report

6. Certificate of Status Desired

☐ Non-Resident Foreign Corporation

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

SPATARO, KAREN
748 WOODVILLE HIGHWAY
CRAWFORDVILLE FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Reg. Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Member/Managers

Business Street Address

City, State and Zip Code

MGRM

SANCHEZ, RALPH

C/O P. O. BOX 809 HWAY

WOODVILLE FL

400001719484
-02/20/96--01098--023
****238.75 ****238.75

ctcc

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Ralph Sanchez

2/9/96

904-421-1849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #