

L99000006856

Requestor's Name
402 Office Plaza Dr
Address
TAM, FL 878-6404
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Del Sol of Key West LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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DIVISION OF CORPORATIONS
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- ☐ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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****155.00 ****155.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

10/19/99

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Examiner's Initials	
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**ARTICLES OF ORGANIZATION
FOR A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned member, for purposes of forming a for profit Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby adopts the following Articles of Organization:

Article I

NAME AND ADDRESS

The name of the Limited Liability Company is:

Del Sol of Key West, L.L.C.

The principal office address of the Limited Liability Company is:

**402 Office Plaza Dr.
Tallahassee, Florida 32301**

This is also the Company's mailing address.

Article II

DURATION

The duration of the Limited Liability Company is perpetual.

Article III

PURPOSE

The general purpose for which the Limited Liability Company is organized is to engage in any lawful business enterprise for profit.

Article IV

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Office of the Limited Liability Company is:

402 Office Plaza Drive
Tallahassee, Florida 32301

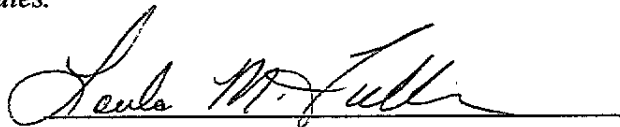
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and the name of the initial Registered Agent at such address is:

Loula M. Fuller

Registered Agent's Signature

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 in Chapter 608, Florida Statutes.


Loula M. Fuller

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ARTICLE VI

CONTINUING EXISTENCE

The members of this Limited Liability Company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member of the Limited Liability Company.

ARTICLE VII

MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The Initial Manager is Del Sol of Florida, Inc., 402 Office Plaza Dr., Tallahassee, Florida, 32301.

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IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization on
this 1 day of October, 1999.

DEL SOL OF FLORIDA, INC.

BY: Jerry W. Ayers

ITS: President

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STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME personally appeared Del Sol of Florida, Inc., by its president, Jerry Ayers,
to me well known and known to me to be the person described in and who executed the foregoing
instrument, and who after being first duly sworn, acknowledged to and before me that she
executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 1st day of October, 1999, in the aforesaid
County and State.

Nancy S. Hurd
NOTARY PUBLIC

My commission expires:

