

L220000193441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

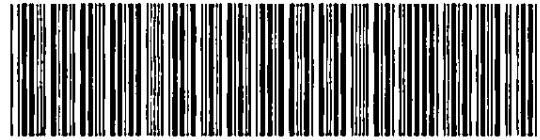
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
May 11th

Office Use Only



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08/31/21--01008--012 **130.00

S. CHATHAM
MAY 12 2022

22 MAY 11 AM 3:16
DIVISION OF CORPORATE AFFAIRS

W21-119935



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2021

JAMES R. MARSHALL
DVCHECK, LLC
1050 HIGHWAY 98 EAST, UNIT 1102E
DESTIN, FL 32541

SUBJECT: DVCHECK, LLC
Ref. Number: W21000119935

We have received your document for DVCHECK, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the name of the city in the Principal Office Address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 821A00021192

22 MAY 11 AM 3:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DVCHECK, 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:

James R. Marshall
Name of Person
DVCHECK, LLC
Firm/Company
1050 Highway 98 East, Unit 1102E
Address
Destin, Florida 32541
City/State and Zip Code
jim@dvcheck.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James R. Marshall 704-464-2065 704-464-2065
at ()
Name of Person Area Code 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

22 MAY 11 AM 3:16
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DVCHECK, LLC

(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:

1050 Highway 98 East

1050 Highway 98 East

Unit 1102E

Unit 1102E

Destin FL 32541

Destin, FL 32541

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:

Richard W. Withers

Name

1241 Airport Road, Suite H

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

Destin

FL

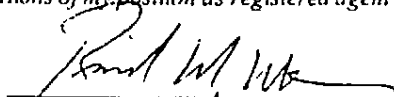
32541

City

State

Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 MAY 11 AM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" = Manager

MGR

James R. Marshall
1050 Highway 98 East, Unit 1102E
Destin, Florida 32541

AMBR

James R. Marshall
1050 Highway 98 East, Unit 1102 E
Destin, Florida 32541

(Use attachment if necessary)

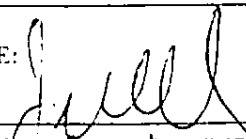
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.17.155, F.S.

James R. Marshall

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

22 MAY 11 AM 3:16
DIVISION OF CORPORATIONS
STATE OF FLORIDA