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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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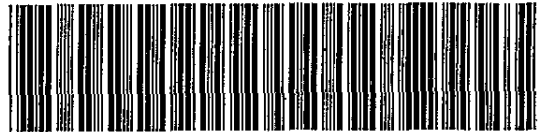
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Decorative Driveway Systems  
327 SE Tranquilla Ave.  
Port St. Lucie, FL 34983-2229  
561-879-4407

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DECORATIVE DRIVEWAY SYSTEMS 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:

WILLIAM VANKIRK  
(Name of Person)

DECORATIVE DRIVEWAY SYSTEMS LLC  
(Firm/Company)

327 TRANQUILLA AVENUE 1602 ELKHART TERRACE  
(Address)

PORT ST LUCIE, FLORIDA 34953  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

J H CASTER CFP at ( 772 ) 567 2128  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DECORATIVE DRIVEWAY SYSTEMS LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

327 TRANQUILLA AVE

PT ST LUCIE, FLORIDA 34953

**Mailing Address:**

327 TRANQUILLA AVE

PT ST LUCIE, FLORIDA 34953

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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

WILLIAM VANKIRK

Name

327 TRANQUILLA AVE

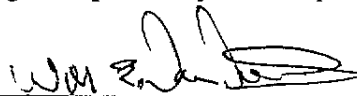
Florida street address (P.O. Box **NOT** acceptable)

PT ST LUCIE

FLORIDA 34953

City, State, and 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 608, Florida Statutes..*



Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

WILLIAM VANKIRK

327 TRANQUILLA AVE

PT ST LUCIE, FLORIDA 34953

MGRM

Jeramiah Forbes

327 Tranquilla Ave

Port St. Lucie, FL 34983

MGRM

William J. Kallatch

353 SW Tranquilla Ave.

Port St. Lucie, FL 34983

(Use attachment if necessary)

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**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM VANKIRK

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)