

L17000001159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

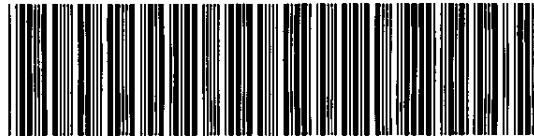
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600293764846

01/04/17--01002--010 **125.00

FILED
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
2017 JAN -3 PM 4: 19
17 JAN -3 PM 4: 24

C. GOLDEN
JAN - 4 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DNS INVESTMENT PROPERTIES, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 JAN -3 PM 4: 19

FILED

Signature _____

Requested by: BA

1/3/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

EFFECTIVE DATE 01/01/17

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2017 JAN -3 PM 4:19

ARTICLE I - Name:

The name of the Limited Liability Company is:

DNS INVESTMENT PROPERTIES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

20229 WILDCAT RUN DRIVE
ESTERO, FL 33928

20229 WILDCAT RUN DRIVE
ESTERO, FL 33928

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:

Phillip Roach
Name

28179 Vander built Dr
Florida street address (P.O. Box NOT acceptable)

Bonita Springs FL 34134
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.

Phillip Roach

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:
 "AMBR" = Authorized Member
 "MGR" = Manager

MGR

AMBR

AMBR

Name and Address:

David B. Douglas
20229 Wildcat Run Drive
Esteros Fl 33928

Deborah L Douglas
20229 Wildcat Run Drive
Esteros Fl 33928

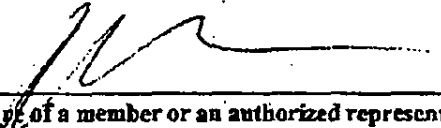
Norman SHARP
20660 Charing Cross Circle
Esteros Fl 33908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1 2017 (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.817.155, F.S.

David Douglas
 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)

2017 JAN -3 PM 4: 19
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA