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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·	
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PICK-UP	WAIT	MAIL	
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	:
SUBJECT: D & M Trim, L.L.C	
(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:	
Lois Lepp Park	
(Name of Person)	,
Lois Lepp Park, P.A.	·· •
(Firm/Company)	
428 E. Government St.	
(Address)	
Pensacola, FL 32502	
(City/State and Zip Code)	
For further information concerning this matter, please call:	DINIE DINIE
Lois Lepp Park at (850) 435-1090	O3 DEC
(Name of Person) (Area Code & Daytime Telephone Number)	3 8
	PH I
check for \$15500 inclosed.	PH 12: 46

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:		
D & M Trim, L.L.C.		
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
6351 Wyndotte Road	6351 Wyndotte Road	· · ·
Pensacola, FL 32526	Pensacola, FL 32526	
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere		gnature:
Kenneth D. Walker Name	<u> </u>	DIVISION O
6351 Wyndotte Road Florida street address (P.O. Box No.	OT acceptable)	F CORPOR
Pensacola FL City, State, and Zip	ORIDA 32526	OF STATE RPORATIONS

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

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:	
"MGR" = Manager	-	· ·
"MGRM" = Managing Member		-
MGRM	Kenneth D. Walker	
11.	6351 Wyndotte Road	
	Pensacola, FL 32526	
MGRM	Malcolm E. Walker	<u> </u>
	4712 W. Fairfield Road, #2C	<u> </u>
	Pensacola, FL 32506	Wind the same
		, _.
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	· · · · <u>- · · · · · · · · · · · · · · ·</u>	
(Use attachment if necessary)		
NOTE: An additional antials must	ha addad if an affantina data is manusatud	
NOTE: An additional article must	be added if an effective date is requested.	_ 0
REQUIRED SIGNATURE:		3 ₹ _{2.}
ALL COLLEGE STATEMENT OF THE STATEMENT O	4.	OEC Sign
Kemath D Wa	lk-	
Signature of a member or a	a authorized representative of a member.	
(In papardance with section 6	08.408(3), Florida Statutes, the execution	2 250
of this document constitutes a	n affirmation under the penalties of perjury	PH 12:
that the facts stated herein are	true.)	<i>-</i>
Kenneth D. Walker		6 S
	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)