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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: D C Development 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:			
Lawrence Parker	<del></del>		
(Name of Person)			
D C Development L.L.C.	₹.		=
(Firm/Company)		ر 1	., <u>\$</u>
13650 Gulf Blvd. #303	AHA AHA	NAC 40	
(Address)	38	6	2
Madeira Beach, Florida 33708		AM 10: 57	
(City/State and Zip Code)	HORIDA	ai Õ	
For further information concerning this matter, please call:	Ūλ	7	
Lawrence Parker <u>at (727</u> ) 391-1965			
(Name of Person) (Area Code & Daytime Telephone Number	т)		

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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

.**3** .58°

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
D C Development L.L.C.	- Company of the Comp
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13650 Gulf Blvd. #303	Same
Madeira Beach, Florida 33708	77.77 04.
	HAS AM
	m <sub>C</sub> D
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	Office, & Registered Agent's Signature
The name and the Florida street address of the r	registered agent are:
Lawrence Parker	
Name	
13650 Gulf Blvd. #303	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
Madeira Beach, Florida 33706 City, State, a	

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:

MGR	Lawrence Parker			
	13650 Gulf Blvd. #303 Madeira Beach Florida 33708			
MGRM	CYKO Revokable Intervivos Trust	TAL SE	9	
	13650 Gulf Blvd. #303	<del></del>	<u> </u>	· = Jimasaffiny
	Madeira Beach Florida 33708	HASSI	AN -9	
		mc.	<b>A</b>	m
		<u>F</u>	₿	7
		ORIDA	57	
(Use attachment if necessary)			-	• • •

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.)

Lawrence Parker

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)