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(Address)

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2004 FEB 25 PM 12:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAR - 9 2004

FROM :

PHONE NO. : 954 7180264

FEB. 10 2004 10:29PM

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: D & D Properties L.L.C.  
(Name of Limited Liability Company)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Galloway  
(Name of Person)

D & D Properties L.L.C.  
(Firm/Company)

2269 ne 31st Street  
(Address)

Lighthouse Point FL 33064  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Galloway at 954, 782-4500  
(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

FROM :

PHONE NO. : 954 7180264

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

D & D Properties L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

2269 NE 31ST ST  
Lighthouse Point  
Florida 33064

**Mailing Address:**

2269 NE 31ST ST.  
Lighthouse PT  
Florida 33064.

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

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

Donna Galloway  
Name  
2269 NE 31ST STREET  
Florida street address (P.O. Box **NOT** acceptable)  
Lighthouse Point FLORIDA 33064  
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..*

Donna Galloway  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**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:**

Manager

Donna Galloway  
2269 NE 31st St  
Lighthouse Point FL 33064

managing member

Dominick Faquzzi  
2269 NE 31st Street  
Lighthouse Point FL 33064

managing member

Jean Elkordy  
5930 E Grand Duke Circle  
TAMARAC FLORIDA 33331

(Use attachment if necessary)

**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.)

Dominick Faquzzi  
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)