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(Red	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Capies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: D & M TOWING 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:		
DONALD MEDDERS		
(Name of Person)		
		<u>.</u> .
(Firm/Company)		
44 CANOE DRIVE		
(Address)		
WEST PALM BEACH, FL 33415 _		
(City/State and Zip Code)	_	
For further information concerning this matter, please call:		
DONALD MEDDERS 644-9726		
(Name of Person) (Area Code & Daytime Telephone Number)	_	D.
	آر †ر	VISION SECTION
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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

The manning au	Address: dress and street address of the pri	ncipal office of the Limited Liability Comp	
Principal Offic	ce Address:	Mailing Address:	
44 CANOE DRIV	'E	44 CANOE DRIVE	
WEST PALM BEACH, FL 33415	EACH, FL 33415	WEST PALM BEACH, FL 33415	
	0 0 7	Office, & Registered Agent's Signature:	
	- Registered Agent, Registered the Florida street address of the re		
	the Florida street address of the re		
	the Florida street address of the re	gistered agent are:	
	DONALD MEDDERS  Name	Box NOT acceptable)	
	DONALD MEDDERS  Name  44 CANOE DRIVE	Box NOT acceptable)  FLORIDA 33415  P	

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" = Manager	Name and Address:	-
"MGRM" = Managing Member		
MGR	DONALD MEDDERS	٠
	44 CANOE DRIVE	
	WEST PALM BEACH, FL 33415	
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		*
(Use attachment if necessary)		
NOTE: An additional article w	oust be added if an effective date is requested.	
WOLE. An additional afficient	usi be added if all effective date is requested.	
REQUIRED SIGNATURE:	C C	<u>D</u>
Don of	miedos =	SEC
Signature of a member	or an authorized representative of a member.	## ## _
	utes an affirmation under the penalties of perjury	RY OF S
DONALD MEDDERS		<u>₽</u>
	ed or printed name of signce	35

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)