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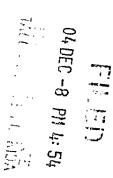
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TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DICLD, LLC DEA FERNERISE CAROTTE GROUP (FC & (Name of Limited Liability Company)
(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:
-DAVID G. CAMPSICC
(Name of Person)
DKLD, LLC DBA FRINCAISE CAPITAL SECUR (FEE) (Firm/Company)
70615, FAMIAMITRAIC SUITE 202 (Address)
SARASOTA FL 3427
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (941) 922 - 0856 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status □ \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
OKLD, LLC		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
70615, TAMIAMITARIL SUITE 203. SARASETA, FL 34231	70015, TAMIAMI FRANC SUITA 202 SARASCTA, FL 34231	
SUITE 203	54,74 202	
SARASETA, FL 34231	SARASCTA, FL 34231	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re-		
DOUID Expresse Name		
	TPASS RD# 4	
	ress (P.O. Box <u>NOT</u> acceptable)	
City, State, an	FL 3424Z	
City, State, an	ıd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	
Registered Agent's S	Signature EC -8	Taritya Taritan Taritan
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Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	TOGIS. TRANSMITANCE 202 SORDSOTA, EL 34231
(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.)

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)