

11 Jan 2005 12:30 PM #CORPORATE SERVICES 30675-11 Page 1  
Division of Corporations Tallahassee, Florida

**L05000003550**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**LIMITED LIABILITY COMPANY**

**D&D HOMESERVICES LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

D&amp;D HOMESERVICES LLC

**ARTICLE II ADDRESS**

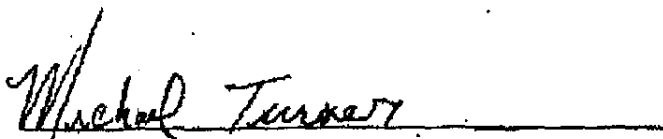
The mailing address and street address of the principal office of the Limited Liability Company is:

522 OFARRELL AVE  
INTERLACHEN, FL 32148**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

MICHAEL TURNER  
522 OFARRELL AVE  
INTERLACHEN, FLORIDA 32148

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



MICHAEL TURNER / Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

**ARTICLE V**

The name(s), address(es), and title(s) of the manager(s) is:

Manager: MICHAEL TURNER ; 522 OFARRELL AVE  
INTERLACHEN, FLORIDA 32148

Manager: DIANNE TURNER ; 522 OFARRELL AVE  
INTERLACHEN, FLORIDA 32148

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TALLAHASSEE, FLORIDA



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.)

MICHAEL TURNER  
Typed or printed name of signee

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