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(Requestor's Name)		
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: David Alan Investments, LLC (Name of Limited Liability Company)			
(Hanc of Limite	u Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
	J		
David Dean			
	Name of Person)		
(value of Leisony			
71	Firm/Company)		
υ			
210 5th ave. S #31			
	(Address)		
St. Petersburg, FL 33701			
(City/	State and Zip Code)		
For further information concerning this matter, please of	call:		
•			
DAVID Stepanescu at 727 251-7741 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Davtime Telephone Number)			
· · · · · ·	• • •		
Enclosed is a check for the following amount:	7 2		
_			
\$125.00 Filing Fee \$\Bigcirc \text{\$130.00 Filing Fee & Certificate of Status}			
Continuate of Status	Certified Copy Certificate of Status & Certified Copy Certified Copy		
	(additional copy is anclosed)		
	m ₋		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
409 E. Gaines Street Tallahassee, Florida 32399	P.O. BOX 6327		
i analiassee, fioriax 32344	Tallahassee, Florida 32314		

A

RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company	y is:		
David Alan Investments , LLC			
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited	Liability Company is:	
Principal Office Address:	Mailing Address:		
210 5th ave S.#31	210 5th ave S. #31		
St. Petersburg, FL 33701	St. Petersburg, FL 33701		
ARTICLE III - Registered Agent, Register The name and the Florida street address of to David Dean		t's Signature:	
210 5th ave S #31	with a		
	et address (P.O. Box NOT acceptable)		
St. Petersburg, FL 33701 City, St	FL ate, and Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as t	in this certificate, I hereby accept acity. I further agree to comply w e performance of my duties, and I	t the appointment as ith the provisions of all am familiar with and	
Registered Ag	ent's Signature	SECRETARY UT SECRETALLAHASSEE, FU	
·	TINUED)	(3: 46 S : ATE S : ATE CORIDA	
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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:
MGRM	David Dean 210 5th ave S #31 St. Petersburg, FL 33701
	
(Use attachment if necessary)	
NOTE: An additional article must be a	dded if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member.
of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.) OF A DEAN r 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)