# L050000 16879

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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SALLAHASSEF, FI OF

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: D.D.M	Mason ry (Name of Limited I	LLC Liability Company)				
The enclosed Articles of Organization		-				
Demetrius Me (Name of	Hon Person)		į	TALLA	05 FEB	
D.D. M. Mars (Firm/Con	npany)			HASSEE, FLORIDA	B 18 AM 11:54	Supple Street Sale
3200 Ginger (Address)	Dr Apt 5	<u> </u>		ORIDA	54	
Tallahassee F2 (City/State	32308 and Zip Code)					
For further information concerning the	his matter, please call:					
Demetrius Molton (Name of Person)	at (	850 <u>528</u> (Area Code & Daytime Telep	- 7398 ohone Number)			
Enclosed is a check for the following amo	ount:					
\$125.00 Filing Fee	of Status Cert	ified Copy tional copy is enclosed)	\$160.00 Filing For Certificate of State Certified Copy (additional copy is en	itus &		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	nited Liability Com	pany is:
D.D. M	Masonry	460

### **ARTICLE II - Address:**

ARTICLE I - Name:

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

	to printer part of the Education of County and
Principal Office Address:	Mailing Address:
3200 Ginger Dr Apt D Tallahussee, Kl 3230x	3200 Ginger D. Apt D Tallahassee FL 32308
The name and the Florida street address of to  Deme frius Mo N  3200 Ginger S	le Hon
City, St	ate, 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, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  "MGRM"	Demetrius Melton 3200 Ginger Dr Apt D Tallahassoe FL 32398
MGRM	Dexter Melton 177 Harry Melton Dd Crawsordaille EL 32327
·	
	A S
(Use attachment if necessary)	05 F
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	Moto Matter St.
Signature of a member	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

Filing Fees:

Typed or printed name of signee

that the facts stated herein are true.)

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)