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(Re	questor's Name)	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THE DERRICK WADON GRAIP (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:		
DERPICK T. LOADON (Name of Person)		
(Firm/Company)		
311 NW 87 DENE #202		
(Address)		
PEANTIATION, FC 33324 (City/State and Zip Code)		
For further information concerning this matter, please call:		
WETTE L. LIGHTBOULEN at (959) 839-0559 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

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

ARTICLE I	- Name:
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The name of the Limited Liability Company is:

THE DEERICK WARDON GROUP, LL.C

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
311 NW 87 DENE	P.O. Box 551042
#202	
PLANTATION, FL 33324	Ft. LAUDICOALE, FL 33355

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name

311 NW 87 Deive #202

Florida street address (P.O. Box NOT acceptable)

City, State, 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)

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	DERRICK T. WALDON 311 NW 87 DRIVE #202 PRANTATION, FL 33324
	31 NW 87 DRIVE #202
	PCANTATION, FL 33524
MGRM"	TVETTE L LIGHTBOURN
	311 NW 87 DRIVE #202 PLANTATION, FL 33324
	PLANTATION, FL 33324
	<u> </u>
(Use attachment if necessary)	
NOTE: An additional article must b	oe 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)