# 105000044545

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105-44545

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT:		Davies Investmen	it Group, L. L.C.		
(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:					
JoAnne M. Davies					
(Name of Person)					
Davies Investment Group, L.L.C. (Firm/Company)					
(Firm/Company)					
5120 Palomino Dr					
(Address)					
Melbourne 71 32934					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
JoAn	ne 1	n. Davies	at (321 ) 254	1-8079	
Johnne M. Davies at (321) 254-8079  (Name of Person) (Area Code & Daytime Telephone Number)			elephone Number)		
Enclosed is a check for the following amount:					
□ \$125.00 Fili	ng Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	-	EE ADDRESS			

### 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 The name of the Lin	e: nited Liability Company is	<b>:</b>	
Davies	. Investment G	roup, L.L.C.	
ARTICLE II - Add The mailing address		orincipal office of the Limite	ed Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
5120 Palon McIbouch	nino Dr • 71 32934	5120 Palomi Melbourne	
ARTICLE III - Rep	gistered Agent, Registere	d Office, & Registered Ag	ent's Signature:
The name and the Fl	lorida street address of the	registered agent are:	
-	JoAnne M.	Davies	·
	5120 Palom	no Dr	
-	Florida street a	idress (P.O. Box NOT acceptable	;) -
	Melbourne	FL 3293Y and Zip	
<del>-</del>	City, State	and Zip	
liability company registered agent and statutes relating to	y at the place designated in d agree to act in this capac o the proper and complete p ations of my position as reg	accept service of process for this certificate, I hereby acce ity. I further agree to comply performance of my duties, and distered agent as provided for	ept the appointment as with the provisions of al d I am familiar with and
	Go anne T	N. Davies 's Signature	严 圣
	rcegisieren Agen	, 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 "MGRM" = Managing Member	Name and Address:				
MGR	Charles E. Davies 5120 Palomino Dr Melbourne 71 32934				
MGRM	JoAnne M. Davies 5120 Palemino Dr Melbourne 71 32934				
<u>MGRM</u>	Kenneth Scott Davies 2214 N. Deucing St. Alexandria, Va. 22302				
MGRM	Mark Davies 12568 Council Oak Dr Woldorf, Md 20601				
(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.)					

#### 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)

JoAnne M. Davies
Typed or printed name of signee