L0500068903

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filling Officers				
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07/07/05--01020--008 **125.00

FILED STATE OF STATE OF CORPORATION

RAYMOND JAMES

June 15, 2005

Division of Corporations

Please accept my application for LLC status for **O** & **M** properties, LLC My name is Danny Ossi.

My mailing address is 1810 S. Macdill Ave. Tampa, Fl. 33629.

My day time phone number is 813 202-1101 or 813 765-8924.

Thank you.

Danny Ossi

cc. Ulrich S Marine 9124 Brendan Preserve Court Bonita Springs, Fl. 34135 239-273-4140

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit		ny is:	ż		
D	M PROPE	RTIES	LLC		
ARTICLE II - Addre The mailing address a		he principal c	office of the Limited	Liability Comp	any is:
Principal Office Add	ress:	<u>Mailir</u>	ig Address:		
1810 S Mac	33629	£1			
ARTICLE III - Regi	stered Agent, Regist	tered Office,	& Registered Age	nt's Signature:	0 0
The name and the Flor	rida street address of	the registered	l agent are:		05 JUL -7 PM 2:
	DANNY OSSI				
	1	Varne			70
	1810 S M	acalless (P.O.	AUE Surte Box NOT acceptable)	. 1	H 2: 06
		•	•		96
		FL itate, and Zip	33047		
liability company of registered agent and of statutes relating to t	the proper and comple ions of my position as	d in this certif pacity. I furth etc performan	icate, I hereby accepter agree to comply voce of my duties, and tent as provided for i	ot the appointmen with the provision I am familiar with	nt as ns of all h and

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MERM"	ULRICH & MARINE JR. 9124 Brendau Preserve CT Bourta Springs, Pc. 34135
 .	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Too In	

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)