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## TRANSMITTAL LETTER

05 AUG 12 PM 2: 12
SCORLIANT FINES

Registration Section
Division of Corporations

TO:

SUBJECT: D & S Properties, Limited Liability Company

(Name of Limited Liability Company)

The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter to the following:			
Chand C			
Cheryl Spencer (Name of Person)			
	`	,	
(Firm/Company)			
1752 Folkstone Road			
(Address)			
Tallahassee, Florida 32312			
(City/State and Zip Code)			
For further information	concerning this matter, please	call:	
Cheryl Spencer		at ( 850 ) 264-1759	
(Name of Person)		(Area Code & Daytime T	elephone Number)
			•
Enclosed is a check fo	r the following amount:		
<b>☑</b> \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

FILE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABII TALLAHASSEE. FLORIDA **ARTICLE I - Name:** The name of the Limited Liability Company is: D & S Properties, Limited Liability Company **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: Chervi Spencer Cheryl Spencer 1752 Folkstone Road 1752 Folkstone Road Tallahassee, Florida 32312 Tallahassee, Florida 32312 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Cheryl Spencer Name

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..

City, State, and Zip

Florida street address (P.O. Box <u>NOT</u> acceptable)

FL 32312

1752 Folkstone Road

Tallahassee

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 05 AUG 12 PM 2: 12 Title: Name and Address: "MGR" = Manager SEURLIANY U. STATOA TALLAHASSEE, FLORIDA "MGRM" = Managing Member Michael Dye MGRM 101 Loyola Drive Ormond Beach, FL 32176 MGRM Susan Dye 101 Loyola Drive Ormond Beach, FL 32176 **MGRM** Cheryl Spencer 1752 Folkstone Road Tallahassee, Florida 32312 (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.) Cheryl Spencer Typed or printed name of signee Filing Fees:

Page 2 of 2

\$125.00 Filing Fce for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)