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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Se Division of Con					
SUBJECT: D&DEn	terprises, LLC (Name of Limite	J. Lalilla, Com			
	(Name of Limite	a Liability Com	pany)		
The enclosed Articles of	Organization and fee(s) are s	submitted for file	ng.		
Please return all correspondent	ondence concerning this matte	er to the followi	ng:		
Jody Disc	chler				
	. (Name of Person)			
D & D Enterprises, L	LC_				
		Firm/Company)			
5006 Tamia	mi Trail No.				
•	•	(Address)			
Naple	s, FL 34103			₹.	
	(City	State and Zip Co	de)	SEC Zee	
				ARE A	***
For further information of	concerning this matter, please	call:		2005 AUG 29 SECRETARY LLAHASSEI	Text
		•		· · · · · · · · · · · · · · · · · · ·	
Laureen Marino, MBA		at (239)	595-8904	U 55	
(Name	of Person)	(Area Co	ide & Daytime Te	elephone Numberd 😛	
Enclosed is a check for	r the following amount:			A A	
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Certified Co			
STRE	ET ADDRESS:		MAILING AI	DDRESS:	
Registr	ation Section		Registration Se	ection	
	on of Corporations Gaines Street		Division of Co P.O. Box 6327		

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Company is	:			
D & D Enterprises, I	LC			_	
ARTICLE II - Ad The mailing addre		orincipal office of the Limited I	_iability	Comp	any is
Principal Office A	Address:	Mailing Address:			
5006 Tamiami Trail	No., Naples, FL 34103	5006 Tamiami Trail No., Naple	s, FL 34	103	
		_	······································		
ARTICLE III - R	egistered Agent, Registere	d Office, & Registered Agent	's Signa	 iture:	
The name and the	Florida street address of the	registered agent are:	77		
	Jody Dischler		YLL/ SEC	2005	i i i i i i i i i i i i i i i i i i i
	Name	,	HAS	AUG	
	5006 Tamiami Trail No.	<u>.</u>	RY	29	
•	Florida street ad	ldress (P.O. Box NOT acceptable)	무유	ס	
	Naples, FL 34103	<u>FL</u>	도움 작	نيا	U
	City, State,	and Zip	힣류		
liability compa registered agent a statutes relating	my at the place designated in nd agree to act in this capaci to the proper and complete p	accept service of process for the this certificate, I hereby accept ty. I further agree to comply with erformance of my duties, and I distered agent as provided for in	the appo th the pro am famili	intmen ovision iar witi	it as is of al h and

(CONTINUED)

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	
WORW - Managing Member	
MGR	Jody Dischler
	5006 Tamiami Trail
	Naples, FL 34103
MGR	Diane Crane
	5006 Tamiami Trail
	Naples, FL 34103
	<u> </u>
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(Use attachment if necessary)	~~ t
	ALL ZIII
NOTE: An additional article must be a	dded if an effective date is requested. HASSEE
REQUIRED SIGNATURE:	TAI US
	SES A SA
\cdot ($\searrow \sim$	
Signature of a/member or a	in authorized representative of a member a
(In accordance with section of this document constitutes that the facts stated herein	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Jody Pisch	ler
Typed o	r 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)