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TRANSMITTAL LETTER

TO: Registration S Division of G		4	
SUBJECT:	DEK PROPERTII	ES, LLC	
		d Liability Company)	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
<u> </u>		I KRON	
	C	Name of Person)	
	DEK PRO	OPERTIES, LLC	
	(1	Firm/Company)	2005
	P.O. BO	OX 128	DIVISION OF C
		(Address)	-7 P
	BOYN	ГОN BEACH, FL 33425	7 PM 1:36
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
DAN KRON (Nam	e of Person)	at (
Enclosed is a check t	or the following amount:		
,	☐ \$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 (additional copy is enclosed)
	EET ADDRESS:	MAILING A	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Limite	d Liability Company is:			
	DEK PROPERTIES, LLC.			
ARTICLE II - Address The mailing address and		incipal office of the Limited Liability C	ompar	ny is:
Principal Office Addre	ess:	Mailing Address:		
712 U.S. HWY 1		P.O. BOX. 128		
NORTH PALM BEACH, I	FL 33425	BOYNTON BEACH, FL 33425		
	da street address of the rong DAN KRON Name 712 U.S. HWY 1	Office, & Registered Agent's Signature egistered agent are: ress (P.O. Box NOT acceptable)	5DEC-7 PM 1: 36	ECRETARY OF STAIL
	NORTH PALM BEACH	FI. 33425		
	City, State, a			
liability company at registered agent and ag statutes relating to the	the place designated in the gree to act in this capacity of proper and complete pe	accept service of process for the above sta his certificate, I hereby accept the appoin o. I further agree to comply with the prov rformance of my duties, and I am familian stered agent as provided for in Chapter 66 Signature	tment d isions r with d	as of all and

(CONTINUED)

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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	
MOKIM — Managing Memoer	
MGRM	DAN KRON
	P.O. BOX 128
	BOYNTON BEAC, FL 33425
<u> </u>	
(Use attachment if necessary)	
(Coo attacimient is reconstaly)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	/ /
REQUIRED SIGNATURE.	1/2
	//// /~
Signature of a membe	er or an authorized representative of a member.
_	
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury perein are true.)
DAN KRON	
Typed or print	ed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga	nization and Designation
ATTOMOS THE TAN IN WHITE OF OFRE	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)