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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: D4.	S Constructio	n Company d Liability Company)	·····	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
Dale	Riggins			
D+S	Construction	Name of Person)		
50 H	ensin Circle	Firm/Company)		
Nauga	, a - <del>-                                   </del>	(Address)		
0 100000	(City/	State and Zip Code)		
For further information of	concerning this matter, please o	all:		
Dale Richard	ggins of Pyrson)	at ( <u>850</u> ) <u>339 –</u> (Area Code & Daytime Tel	095] lephone Number)	
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	is &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s Fro	JO FEE

RICLES OF ORGANIZATION FOR FLO	RWA LIVILLED LIABIL	птс	OWIP.	AINX
ARTICLE I - Name: The name of the Limited Liability Company is:				
Dat S Construction Co (Must end with the words "Limited Liability Company, "Limited	mpany LLC. Company" or their abbreviation "LLC,"	or "L.C.,"	·)	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Lia	bility C	ompar	ıy is:
Principal Office Address:	Mailing Address:			
50 Hinson Circle Havana, Florida 32333				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's and Agent. You must designate an individ	Signate	ure:	
The name and the Florida street address of the reg	ristered agent are:			
Dotle Riggins				
Name				
50 Hinson C	ircle			
Hana City State and	ss (P.O. Box <u>NOT</u> acceptable)			
City, State, and	I Zip			
Having been named as registered agent and to accliability company at the place designated in this registered agent and agree to act in this capacity all statutes relating to the proper and complete pand accept the obligations of my position as regis	s certificate, I hereby accept the c. I further agree to comply with performance of my duties, and I	e appoir h the pr I am fan	ntment ovisior niliar v	as ns of with
Registered Agent's Signature	(REQUIRED)	SECRE IN	06 FEB 24	ACT.
(CONTINU)	E <b>D</b> )	SEE, FLORIDA	4 PM 12: 16	

•	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	Dale Riggins 50 Hinson Circle Havana, Florida 32	333	  	
	MGRM	Brenda C. Brown 8491 Southern Park 1 Tallahassee, Fl 3230	Srive 5	<del>-</del>	
				- - -	
	(Use attachment if necessary)				
(If an	CLE V: Effective date, if other than the deffective date is listed, the date must be or 90 days after the date of filing.)	ate of filing: be specific and cannot be more than	(OPTI five bu	ONAI isiness	-) : days
	REQUIRED SIGNATURE:				
	Signature of a member of	d. Liggius or an authorized representative of a membe	er.		
	(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjurin are true.)	ry		
	Dale Riggi	d or printed name of signee	SECH	06 FEB	٦
	Filing Fees:		HASSE	8 24	
	\$125.00 Filing Fee for Articles of Organiz of Registered Agent	ation and Designation	E, H.C	PM 12:	
	\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)			9:	-