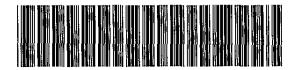
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| (Re | questor's Name) | |
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| (Ad. | dress) | |
| (Au | ui cs s) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | CO VER ELITER |
|----------------|--|
| _ | stration Section sion of Corporations |
| SUBJECT: | D&K Diversified Consulting, LLC |
| | (Name of Limited Liability Company) |
| The enclosed | Articles of Organization and fee(s) are submitted for filing. |
| Please return | all correspondence concerning this matter to the following: |
| Dav | id G. Mann & Kaitlyn Laurynz |
| | (Name of Person) |
| D&K | (Firm/Company) 63 Marsh Landing Blvd (Address) ero, Florida 33928 (City/State and Zip Code) |
| - | (Firm/Company) |
| 231 | 63 Marsh Landing Blvd |
| | (Address) |
| Este | ero, Florida 33928 |
| | (City/State and Zip Code) |
| | |
| For further in | formation concerning this matter, please call: |
| David G. I | Mann & Kaitlyn Laurynz at (920) 629-9529 |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a | check for the following amount: |
| □ \$125.00 Fi | ling Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| | 三 三 二 |
| D&K Diversified Consulting, LLC | d Company" or their abbreviation "LLC," or "L.C." or "L. |
| (Must end with the words "Limited Liability Company, "Limite | d Company" or their abbreviation "LLC" or "LC" |
| thus the will at words Edined Edining Company, Emilio | 2 |
| ARTICLE II - Address: | جم کھی ہے۔ |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Company is |
| | B ig. |
| Principal Office Address: | Mailing Address: |
| 23163 Marsh Landing Blvd | 23163 Marsh Landing Blvd |
| Estero, Florida 33928 | Estero, Florida 33928 |
| Latero, Florida 33920 | Listero, i ronda 33920 |
| (The Limited Liability Company cannot serve as its own Registed business entity with an active Florida registration.) The name and the Florida street address of the registration. | |
| Kaitlyn Laurynz | |
| Name | |
| 23163 Marsh Landing Blvd | |
| | ress (P.O. Box NOT acceptable) |
| Estero, | FL 33928 |
| City, State, a | nd Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | accept service of process for the above stated limited as a certificate, I hereby accept the appointment as a limited appointment as a limiter agree to comply with the provisions of all a formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |

(CONTINUED) Page 1 of 2

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Memb | er Ç |
| MGRM | David G. Mann |
| | 23163 Marsh Landing Blvd |
| | Estero, Florida 33928 |
| MGRM | Kaitiyn Laurynz |
| | 23163 Marsh Landing Bivd |
| | Estero, Florida 33928 |
| _ | |
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| | |
| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other t fective date is listed, the date | than the date of filing: (OPTIO must be specific and cannot be more than five business |
| LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) | than the date of filing: (OPTIO must be specific and cannot be more than five business |
| LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: | than the date of filing: (OPTIO must be specific and cannot be more than five business Authorized representative of a member. |
| LE V: Effective date, if other tefective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume | must be specific and cannot be more than five business |
| fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume | must be specific and cannot be more than five business of the property of a member. The with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury is stated herein are true.) |

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