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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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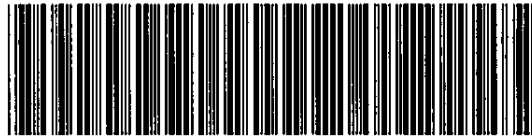
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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B. McKnight JUN 09 2006

HUTCHISON, MAMELE & COOVER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

WILLIAM C. HUTCHISON, JR. (1928-1991)

* RICHARD L. MAMELE
STEPHEN H. COOVER

* BOARD CERTIFIED
MARITAL & FAMILY LAW

PARK-FULTON BUILDING, 230 NORTH PARK AVENUE
POST OFFICE BOX 1149

SANFORD, FLORIDA 32772-1149
(407) 322-4051
FAX (407) 330-0966

June 1, 2006

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32301

Re: **DD CONSULTING, LLC**

Ladies/Gentlemen:

Enclosed please find the original and one (1) copy of the Articles of Organization for the above-referenced entity, together with my client's check in the sum of One Hundred Fifty-Five Dollars (\$155.00) for filing and return of a certified copy of the articles.

Should you have any questions, please feel free to call.

Very truly yours,



Stephen H. Coover

SHC/mjr
Enclosures

- 1) Original and one copy of Articles of Organization
- 2) Check \$155.00

ARTICLES OF ORGANIZATION
OF
DD CONSULTING, LLC

ARTICLE I - NAME

The name of the limited liability company is *DD CONSULTING, LLC*.

ARTICLE II - ADDRESS

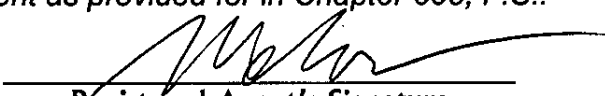
The mailing address of the principal office of the Limited Liability Company is P.O. Box 470031, Lake Monroe, FL 32747 and the street address of the Limited Liability Company is 5909 Nolan Road, Sanford, Florida 32771.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

Stephen H. Coover
230 North Park Avenue
Sanford, FL 32771

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 property and complete performance of my duties, and I am familiar with, and accepts the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature

ARTICLE IV - MEMBER(S) OR MANAGING MEMBER(S):

The name and address of each Members or Managing Member is as follows:

Title:

Name and Address:

MGRM

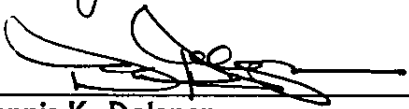
Dennis K. Dolgner
P.O. Box 470031
Lake Monroe, FL 32747

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DIVISION OF CORPORATIONS
06 JUN -5 PM 2:01

M

Irene Dolgner
P.O. Box 470031
Lake Monroe, FL 32747

IN WITNESS WHEREOF, the undersigned, as a member, has executed the
foregoing Articles of Organization on the 1st day of June, 2006.


Dennis K. Dolgner

(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.)

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 1st day of June, 2006, by Dennis K. Dolgner who is personally known to me.


Notary Public - State of Florida



Melinda J. Rinne
MY COMMISSION # DD215840 EXPIRES June 19, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

My Commission Expires:

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