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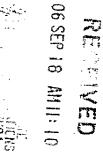
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COVER LETTER

	Registration So Division of Co			
SUBJEC	CT:	(Name of Limit	Maintance ed Liability Company)	Co, LLC
The encl	osed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please re	turn all corresp	ondence concerning this matt		
_		0005175	(Name of Person)	
			uintance Co	· LC
	<u>53</u>	1.10 -1	(Firm/Company) -eulart Stree	O6 SEP
	Quina	1, Fl. 3239	(Address)	ARY CARRY CA
P Cla				I: Î7 LORID
Porturui	oualas	concerning this matter, please Short of Person)	,	-5337 Telephone Number)
Enclose	d is a check fo	or the following amount:		
\$125.0	0 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	p \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p \$160.00 Filing Fee, Certificate of Status & 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 Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

245-6051-ILC

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DP's Mainta	ice Co LLC
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
539 North Stewart Street	Same
Quircy 71. 32351	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Douglas Has	SMORE == 3
539 North	Stewart Street ess (P.O. Box NOT acceptable)
City, State ar	FL 32351 d Zip
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Ouglas Assmore 539 North Stewart Street Quircy H 32351 (Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:	Title: "MGR" = Manager	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: or 90 days after the date of filing.)	"MGRM" = Managing Member	\sim . \circ
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGRM	
LE V: Effective date, if other than the date of filing: (OPTION of fective date is listed, the date must be specific and cannot be more than five business or 90 days after the date of filing.)	•	539 Klorth Stewart Street
LE V: Effective date, if other than the date of filing: (OPTION of fective date is listed, the date must be specific and cannot be more than five business or 90 days after the date of filing.)		Anna # 3221
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or 90 days after the date of filing.)		as data of filings (ODTIONA)
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Clara 11 a . 11 a	effective date is listed, the date mu	st be specific and cannot be more than five busines

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)

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury