

L060000116739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

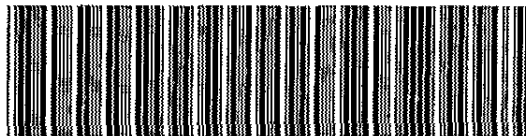
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 DEC -6 AM 11:01

J. BRYAN DEC -7. 2006

Law Offices of  
TIMOTHY PATRICK DRISCOLL, P. A.  
146 Second Street North  
Suite 202-A  
St. Petersburg, Florida 33701

TIMOTHY P. DRISCOLL

(727) 896-1144  
Facsimile (727) 822-8982

December 5, 2006

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 DEC -6 AM 11:01

Re: D & G Property Management, LLC

Dear Sir or Madam:

Enclosed please find the original Articles of Organization for the above-referenced limited liability company, along with a check payable to the Florida Department of State in the amount of \$125.00 for the filing fee. Kindly forward the letter of acknowledgment of filing to the undersigned at the above address.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact my office.

Very truly yours,

 Timothy P. Driscoll, Esq.

*(signed in Mr. Driscoll's absence  
to avoid delay)*

TPD/sp  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D & G Property Management, 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:

Timothy P. Driscoll, Esq.  
(Name of Person)

Timothy Patrick Driscoll, P.A.  
(Firm/Company)

146 2nd Street N. Suite 202A  
(Address)

St. Petersburg, Florida 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy P. Driscoll, Esq. at ( 727 ) 896-1144  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

D & G Property Management, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

4675 Neptune Dr. SE

St. Petersburg, Florida 33705

#### Mailing Address:

4675 Neptune Dr. SE

St. Petersburg, Florida 33705

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Timothy Patrick Driscoll, P.A.

Name

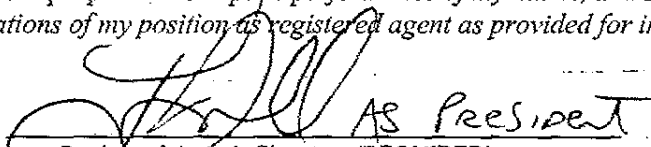
146 2nd Street N. Suite 202A

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, FL 33701

City, State, and Zip

*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 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..*

  
AS President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Gary Mandrigues  
4675 Neptune Dr. SE  
St. Petersburg, Florida 33705

MGRM

Darilyn Mandrigues  
4675 Neptune Dr. SE  
St. Petersburg, Florida 33705

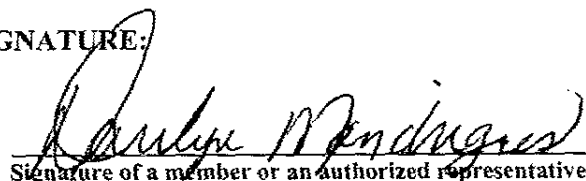
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DIVISION OF CORPORATIONS  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(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.)

Darilyn Mandrigues

Typed or printed name of signee

**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)