

LUT000004428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

SEM

Office Use Only



100083745211

01/11/07--01007--025 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
07 JAN 11 PM 2:03

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DM Investments 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:

Delores T Blake

(Name of Person)

DM Investments LLC

(Firm/Company)

1205 Glencove Ave

(Address)

Palm Bay, FL 32907

(City/State and Zip Code)

For further information concerning this matter, please call:

Lewis D Blake

(Name of Person)

at ( 404 ) 644-9062

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DM Investments 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:

1205 Glencove Ave  
Palm Bay, FL 32907

### Mailing Address:

1205 Glencove Ave  
Palm Bay, FL 32907

## 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:

Delores T Blake

Name

1205 Glencove Ave

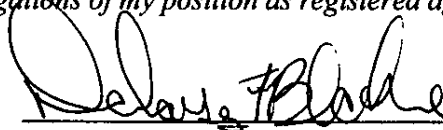
Florida street address (P.O. Box **NOT** acceptable)

Palm Bay, FL 32907

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 11 PM 2:03

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

Delores T Blake  
1205 Glencove Ave  
Palm Bay, FL 32907

MGRM

Lewis D Blake  
2127 Lake Park Dr Apt K  
Smyrna, GA 30080

MGRM

Martinas Frazier  
2401 Windy Hill Rd  
Marietta, GA 30067

MGRM

Dolapo Erinkitola  
418 Middle Valley Lane  
Woodstock, GA 30189

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/10/2007. (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.)

Lewis D Blake

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)**

- “MGR” Making Dreams A Reality Inc.  
418 Middle Valley LN  
Woodstock, GA 30189