## L07000033635

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
ı		4
'		
	Office Use Or	nly



700092286057

OT MAR 29 PM 3: 52
SECRETARY OF STATE
SECRETARY OF STATE

NUT IN IN IZ: 48

RECEIVED DIVISION OF COMPORATION



ACCOUNT NO. : 072100000032 REFERENCE: 826708 AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: March 29, 2007 ORDER TIME : 10:37 AM ORDER NO. : 826708-005 CUSTOMER NO: 7501230 DOMESTIC FILING NAME: DOUBLE D INVESTORS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY \_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Carina L. Dunlap - EXT. 2951 EXAMINER'S INITIALS:

1

ARTICLES OF ORGANIZATION FOR F	7.170 ml -
ARTICLE I - Name:	長 五
The name of the Limited Liability Company is	s:  lited Company" or their abbreviation "LLC," or "L.C.," D. L. S.
	SS S
DOUBLE D INVESTORS, LLC	بن
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,"
ARTICLE II - Address:	A CONTRACTOR OF THE PARTY OF TH
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
37 Forest View Way	P.O. Box 265121
Ormond Beach, FL 32174	Daytona Beach, FL 32126-5121
(The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)  The name and the Florida street address of the	
Douglas K. Wigley Name	e
	•
37 Forest View Way Florida street ac	idress (P.O. Box NOT acceptable)
Ormond Beach	FI 32174
City, State,	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	adura (RECUIRED)

(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: Name and Address:

MGRM_	Douglas K. Wigley		
	P.O. Box 265121		
	Daytona Beach, FL 32126-5121		
MGRM	Dana Syens		
	P.O. Box 265121		
	Daytona Beach, FL 32126-5121		
	·		
-			

(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.)

Douglas K. Wigley, Managing Member

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)