(Requestor's Name)		
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(City)	/State/Zip/Phone	<del>2</del> #)
(5.1)	, o	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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SECRETARY OF STATE

A. LUNT

JAN - 8 2008

EXAMINE

## **COVER LETTER**

	tion Section of Corporations	·	
SUBJECT:		colutions, LLC ted Liability Company)	<del></del>
The enclosed Arti	cles of Organization and fee(s) are	submitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	Dorothy M	Name of Person)	
	DDM Solu	otions, LLC (Firm/Company)	
P	1.0. Box 97	(1 min Company)	TALL SEC
		(Address)	JAN - THE TARY
<u> </u>	Randon, FL	3 35 09 ity/State and Zip Code)	
For further inform	nation concerning this matter, pleas	se call:	2: 13 STATE ORIDA
Dosoth	Name of Person)	at (850) 264-8 (Area Code & Daytime Teleph	
	eck for the following amount:	_	
□\$125.00 Filing	Fee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	(additional copy is enclosed)	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 Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DDM Solutions	S, LLC
(Must end with the words "Limited Liabili	
ARTICLE II - Address:	
·	incipal office of the Limited Liability Company is:
D : : 1000 A 11	M. 212 A J.J
Principal Office Address:	Mailing Address:
10127 HAVERHILL Ridge Dr	P.O Box 97
Riverview FL	Brandon FL
33574	33504
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
· · · · · · · · · · · · · · · · · · ·	TAL SI
The name and the Florida street address of the r	egistered agent are:
Dorothy M	egistered agent are: FLER SAHASSETARY
Name	SRY
10127 Haveeh	Il Ridge Drag D
	lress (P.O. Box NOT acceptable)
Riverview,	ы 33578 E
City, State, a	<del></del>

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

President/CEO

Dorothy Myles

10127 Haverhill Ridge Dr
Riverview Fld. 33578

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(Use attachment if necessary)

## **REQUIRED SIGNATURE:**

Signature of a member of 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.)

Dorothy Myles
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)