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A. LUNT FEB 2 5 2008

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT: <u>D &</u>	K Holdings of J (Name of Limite	ay, LLC ed Liability Company)	
The en	closed Articles of	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	Clea	atious D. Smith	(Name of Person)	
	D &_	K Holdings of J	ay, I.I.C.	
) Hwy. 4	(t mis company)	2000 FEB SECRET ALLAHA
		FL. 32565	(Address)	B 22 F TARY OF ASSEE.
For fur	•	(City	y/State and Zip Code) e call:	12: 31 STATE FLORIDA
		ert T Hudson of Person)	_at (<u>251</u> <u>) 368-573</u> (Area Code & Daytime Te	
Enclos	sed is a check fo	or the following amount:		
□ \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (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 Corporation Clifton Building 2661 Executive Center	ıs

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name:			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: Mailing Address: 5100 Hwy 4 Jay, FL. 32565 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: Cleations D. Smith Name	The name of the Limited Liabili	ty Company is:		
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Florida street address (P.O. Box NOT acceptable)	(The Limited Liability Company cannot se business entity with an active Florida regi The name and the Florida street Cle	address of the registered agent are: Sations D. Smith Name	ndividual of SECRETARY OF STA	
Jay FL 32565 City, State, and Zip	Jay			
Oity, State, and Zip		Onj, 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..

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:	
MGRM	Cleatious D. Smith 5100 Hwy 4 Jay, FL. 32565	
MGR	Diana K Smith 5100 Hwy 4 Jay, FL. 32565 ARR TH	
	B 22 P 2: 32 TARY OF STATE ASSEE, FLORID	
(Use attachment if necess	ry)	
	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prog.)	rior
REQUIRED SIGNATU	RE:	
	Cleations D. Smith	
Signatui	of a member or an authorized representative of a member.	
(In according to this decording the decordin	lance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)	
C	eatious D Smith 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)