## 108000109191

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11/24/08--01004--025 \*\*160.00

SEGNETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN
NOV 2 5 2008
EXAMINER

## **COVER LETTER**

	tration Section ion of Corporations
SUBJECT:	DIDT MANAGEMENT LLC
Sobsett	(Name of Limited Liability Company)
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return al	Il correspondence concerning this matter to the following:
Z	PICHARD L. DAVIS
1 1127	(Name of Person)
$\mathcal{D}$	TDT II, INC. (Firm/Company)
70	0 Dox 4624 9 3
//	(Address)
W	OBOX 4624  (Address)  (Address)  (City/State and Zin Code)
	(City/State and Zip Code)
For further info	(Address)  (Address)  (INTEK HAVEH FL 33885  (City/State and Zip Code)  Ormation concerning this matter, please call:
RICH	(Name of Person)  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:
□\$125.00 Filin	ng Fee \$\times \text{\$130.00 Filing Fee & Status}\$\$  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

ARTICLE I - Nam	1e:			< 5
The name of the Li	mited Liability Company is:			0 7000
DTD	T MANAGE	EMENT L	10	
(Mu	st end with the words "Limited Liabil	ity Company, "L.L.C.," or "	LLC.")	- 5 - 10.
ARTICLE II - Add The mailing address	dress: s and street address of the pr	incipal office of the L	_imited Liability (	Company is:
Principal Office A	ddress:	Mailing Address:		
	E REGION CIR.	PO BOX WINTER	HEZH HAVEN, F	<u>=1</u> =208<
(The Limited Liability Co	egistered Agent, Registered impany cannot serve as its own Regist ctive Florida registration.)		nate an individual or an	other
The name and the F	lorida street address of the r	egistered agent are:	Effective Date	11/31/08
	RICHARDA	-, DAVIS		
	Name			
	132 LAVE			
	Florida street add	iress (P.O. Box <u>NOT</u> acco	eptable)	
	WINTER HAVE	4FL 33881		
	City, State, a	ınd Zip		
liability compar registered agent ar statutes relating t	ed as registered agent and to a ny at the place designated in t nd agree to act in this capacit to the proper and complete pe gations of my positipy as regi	his certificate, I hereb y.  I further agree to co erformance of my dutie	y accept the appoil omply with the pro es, and I am familio	ntment as visions of all ar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

. •		
	ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ing Member(s): or Managing Member is as follows:
	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	ing Member(s): or Managing Member is as follows:  Name and Address:  Pichard L. Davis
	MGRM - Managing Member	RICHARD L. DAVIS  132 LAVE REGION CIR.  WINTER HAVEN, FL 33881
	marm	TRYNTHE S. DAVIS
		132 LAKE REGIONCIE. WINTER HAVEN, FL 33881
•		
(	(Use attachment if necessary)	
(If an ef		te of filing: <u>Lov. 21, 2008</u> . (OPTIONAL) pecific and cannot be more than five business days prior
<u>]</u>	REQUIRED SIGNATURE:	U Davs
	Signature of a member or	an authorized representative of a member.
		n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true,)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee