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(Request	or's Name)	1		
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PICK-UP	MAİL	MAIL		
(Business Entity Name)				
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Certified Copies	Cartificator of	Status		
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Special Instructions to Filing	Officer:			
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Office Use Only



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COVER LETTER

TO:	Registration : Division of C			
SUBJ	ECT:		ONStruction ted Liability Company	LLC.
The er	nclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this ma	tter to the following:	
	· · · · · · · · · · · · · · · · · · ·	Daniel Ke	Win Blanton Name of Person	
			11.000	ALL AND
			Firm/Company	SSE SSE
	3	01 Big/Rich	rard Rd.	E C P
		allahassee ci	Address Florida 3231	2: 59 O
			for future annual report notification)	
For fu	rther information	concerning this matter, pleas	e call:	
	Danial	Blanton	at (850) 566 Area Code & Daytime Telep	-7112 hone Number
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 Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
D. K.B. Const	ility Company," "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
301 Rig Richard Rd. Tallahadee, F1- 32310	Sanc
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the particle Romanne Daniel ke	registered agent are:
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(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:
"MGR" = Manag "MGRM" = Man	er aging Member	
MGRM		Varial Blanton 201 Big Richard Rd.
		Tallarassu, F1 32370 5
		35.72
	_	
(Use attachment i	• /	. / /
RTICLE V: Effective d f an effective date is list o or 90 days after the da	ed, the date must be s	nte of filing: 1/22/10 (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIG	۵.	
		Jw/
	_	r an authorized representative of a member.
	(In accordance with section of this document constitut that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury a are true.)
Eur D	Danie	d or printed name of signee
Filing Fees:		
\$125.00 Filing Fe	e for Articles of Organiz tered Agent	ation and Designation
\$ 30.00 Certified	Copy (Optional)	
S 5.00 Certifica	te of Status (Optional)	

Page 2 of 2