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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO:

TO: Registration S Division of Co		•	
SUBJECT: dp Inves	stment Properties, LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Deborah Prito	chard		
		Name of Person	
dp Investmen	t Properties, LLC		
		Firm/Company	
15750 Quail 1	rail		
		Address	
Ft. Myers, FI			·
	Cit	y/State and Zip Code	
debbie.pritcha	ard@rocketmail.com E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please		
Deborah Pritchard		at (239) 560-3857	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate o Certified Co (additional copy)	f Status & py
	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 Circle Tallahassee, FL 32301	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2010

DEBORAH PRITCHARD 15750 QUAIL TRAIL FT. MYERS, FL 33912

SUBJECT: DP INVESTMENT PROPERTIES, LLC

Ref. Number: W10000021691

We have received your document for DP INVESTMENT PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 710A00011152

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		•
The name of the Limited Liability Company is	:	
(Must end with the words "Limited Liabi		Homes, Ll
(wast end with the words. Elimited Eligor	mity company, E.E.C., or EEC.	
ARTICLE II - Address:		,
The mailing address and street address of the p	rincipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
15750 Quail Trail	15750 Quail Trail	<u></u>
Ft. Myers, FL 33912	Ft. Myers, Florida 33912	
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	registered agent are:	ALLE MA
Deborah Pritchard		1 1 日
Name		2 P SSER
15750 Quail Trail,		
Florida street ad	ldress (P.O. Box NOT acceptable)	1: 45 SIATE
Ft. Myers,	FL 33912	
City, Si	tate, 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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Deborah Pritchard
	15750 Quail Trail
	Ft. Myers, FL 33912
(1)	
(Use attachment if necessary)	
ICLE V: Effective date, if other that	nust be specific and cannot be more than five business days
ICLE V: Effective date, if other that effective date is listed, the date m 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a n	nember or an authorized representative of a member
effective date, if other that effective date is listed, the date me 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance we of this document)	ASSEE, FLOR

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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