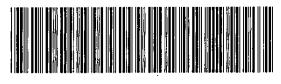
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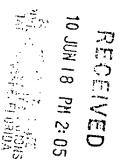
(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



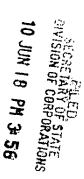
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B. KOHR
JUN 1 8 2010

EXAMINER



COVER LETTER

TO:	Registration : Division of C			9, .
				10 UN 10
SUBJ	ECT: D&M	PERMITS LLC	ad Liabilia, Commany	Yy
		Name of Limit	ed Liability Company	6
The er	nclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
	RON BENF	IELD		
		······································	Name of Person	
			Firm/Company	
	58 SIOUX C	IRCLE		
			Address	
	HAVANA, F	L 32333		
		Cit	y/State and Zip Code	
		E-mail address: (to be used to	for future annual report notification)	<u> </u>
For fu	rther information	concerning this matter, please	•	
			500 5174	
RON BENFIELD Name of Person		of Damon	_ at (850) 539-5171 Area Code & Daytime Telep	nhone Number
	Name	Of Person	Area Code & Dayume reic	mone (varioe)
Enclo	sed is a check f	or the following amount:		
]\$ 125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ty Company, "L.L.C.," or "LLC.")
The name of the Limited Liability Company is:	of the second se
	The state of the s
D & M PERMITS LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
(ر السبسين المسلم
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9383 YASHUNTAFUN RD	9383 YASHUNTAFUN RD
TALLAHASSEE, FL 32311	TALLAHASSEE, FL 32311
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results of the resul	
RON BENFIELD	
Name	
58 SIOUX CIRCLE	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
HAVANA	FL 32333
	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

all

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 N	Name and Address:
MGRM	MIRIAM MAST
	9383 YASHUNTAFUN RD
	TALLAHASSEE, FL 32311
MGRM	DAVID MAST
	9383 YASHUNTAFUN RD
	TALLAHASSEE, FL 32311
	
	•

	sary) other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior
to or 90 days after the date of fil	
<u>REQUIRED</u> SIGNATU	RE:
Signatu	re of a member or an authorized representative of a member.
of this d	rdance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
RON E	BENFIELD
-11	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)