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B. BOSTICK

MAR 2 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: D&D Realty Holdings, LLC	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Steve Fenton	
Name of Person	
D&D Realty Holdings, LLC	
Firm/Company	
PO Box 1786	
Address	
Stuart, FL 34995-1786	
City/State and Zip Code	
steve@fentonservices.com	
E-mail address: (to be used for future annual report notification)	_
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	1
Steve Fenton 772 240 0500	1
Name of Person Area Code & Daytime Telephone Number	<u>; — </u>
Name of Person Area Code & Daytime Telephone Number 25 25 25 25 25 25 25 25 25 25 25 25 25	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & 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 Cemer Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:	
D&D Realty Holding	gs, LLC 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 Co	mpany
Principal Office Address:	Mailing Address:	
1700 SW Belgrave Terrace Stuart, FL 34997	PO Box 1786 Stuart, FL 34995-1786	
(The Limited Liability Company cannot business entity with an active Florida re		ner
The name and the Florida stree	et address of the registered agent are:	N - 1
Steve Fe	enton SSE S	D in
	Namo	
1700 S	W Belgrave Terrace	E C
 	Florida street address (P.O. Box NOT acceptable)	<u>လ</u> သ
Stuart	_™ 34997	

is:

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Name and Address:
"MGRM" = Managing Memb	er
MGRM	John Stallings
	PO Box 88
	Port Salemo, FL 34992
MGRM	Steve Fenton
	PO Box 1786
	Stuart, FL 34995-1786
	20 <u>-</u>
	The state of the s
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	mo o m
	Q; ?;
(Use attachment if necessary)	
(Osc attachment if necessary)	
ICLE V. Effective date if other	than the date of filing: (OPTIONAL)
n effective data is listed the data	must be specific and cannot be more than five business days pr
90 days after the date of filing.)	
DECLUDED CLOSIA TUDE.	
<u>REQUIRED</u> SIGNATURE:	
_	
Cimentum of	a member or an authorized representative of a member
Signature of	a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Steve Fenton

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)