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(Requestor's Name)
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(Document Number)
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

2124-7529

COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Design Build Proporties, L.L.C. Name of Limited Liability Company
	Name of Limited Liability Company
The audie	ad A with the of Our air stime and for (a) are underlined for filter
	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Stephen W. Piazza
	Name of Person
	Firm/Company
	31 Caribra Circle
	Santa Rosa Brach, FL 32959
	City/State and Zip Code
	City/State and Zip Code Kw Piazza @ Yahoo.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
<u>S</u> -	Hephen W. Pi'azza at (850) 496-5735 Name of Person Area Code & Daytime Telephone Number
Enclosed :	is a check for the following amount:
\$125.00 Fil	ling Fee \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$160.00}\$ Filing Fee, 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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Design Build Propo	Hies, L.L.C.
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
31 Cacibra Circle	P.O. Bax 2295

ARTICLE I - Name:

The name of the Limited Liability Company is:

32459 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are: Stephen W. Piazza

Name

31 Caribra Circle Sa

Florida street address (P.O. Box NOT acceptable)

Sant Rosa FL 32459

City, State, 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..

gnature (REDUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
M6R	Stephen W. Pigzza 31 Cariben Circle Sunta Rosa Brach, FL 32459
	Sunta Rosa Brach, FL 32459
Address of the state of the sta	
(Use attachment if necessary)	
,	e date of filing: 2 15 2012 (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must b	e date of filing: 2 15 2012 (OPTIONAL) ne specific and cannot be more than five business days pr
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	SLORE I AR TALLAHASS
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	12 FEB 20 AM SECRETARY OF TALLAHASSEE,
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of members of the end of the constitutes an affirmation under a may a sure that any false information.	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are the semation submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of members of members an affirmation under a may a false infor constitutes a third degree felon	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are the

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)