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2012 HAR I PH 2: 49
SECRETARY OF STATE
ANASSEE FLORIDA

W12-12330

J. BRYAN

MAR 14 2012

COVER LETTER

Registration Section

TO:

| Division of Corpo | rations | | | • | |
|------------------------------|---|--|---|--|----------|
| SUBJECT: D & SK | Enterprises, L.l | C. | | | |
| SUBJECT: | | d Liability Compa | ny | | _ |
| The enclosed Articles of Or | ganization and fee(s) are s | ubmitted for filing | <u>;</u> | | |
| Please return all correspond | ence concerning this matte | er to the following | : | | |
| Don C. Ker | nt | | | | |
| | | Name of Person | - | | |
| D & SK Ent | erprises, L.L.C. | | | • | |
| | | Firm/Company | | \$ 5 | 78 |
| 7 Cutty Sar | k Court | | | IL ALE | 2012 MAR |
| | | Address | | PS. | 2) T |
| Panacea, Flo | | | | rt. | PH PH |
| donckent@gm | • | /State and Zip Code | | | PH 2: 19 |
| For further information con | | | , | | |
| Don C. Kent | | at (850 | 508-2736 | | _ |
| Name of F | erson | Area Code | & Daytime Telep | hone Number | |
| Enclosed is a check for the | he following amount: | | | | |
| \$125.00 Filing Fee | E130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Co (additional copy | ру | \$160.00 Filing Certificate of S Certified Copy (additional copy is | Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrat Division Clifton E 2661 Exc | ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301 | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2012

DON C. KENT D & SK ENTERPRISES, L.L.C. 7 CUTTY SARK COURT PANACEA. FL 32346

SUBJECT: D & SK ENTERPRISES, L.L.C.

Ref. Number: W12000012330

We have received your document for D & SK ENTERPRISES, L.L.C. 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." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is #P93000009602, D.S.K. ENTERPRISES, INC..

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) 245-6051.

Letter Number: 012A00008382

Joey Bryan Regulatory Specialist II nd your en filed

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|---|-------------------------------|
| The name of the Limited Liability Company i | S: Elapina | |
| 10t Nort | FA I TOICIDA | |
| D SK Enterprises, L.L.C. | DSK Ewterp | Lises of North Florion |
| (Must end with the words "Limited Lia | bility Company, "L.L.C.," or "LLC | <u>[]"</u> |
| ARTICLE II - Address: | | 7 • |
| The mailing address and street address of the | principal office of the Lim | ited Liability Company is: |
| | • | |
| Principal Office Address: | Mailing Address: | Effective Date 03/01/12 |
| 7 Cutty Sark Ct. | 7 Cutty Sark Ct. | |
| Panacea, FL 32346 | Panacea, FL 32346 | |
| 324 TH | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered) | ed Office, & Registered Agistered Agent. You must designate | Agent's Signature: |
| business entity with an active Florida registration.) | | 7. 20 |
| The name and the Florida street address of the | e registered agent are: | TES T |
| Blake Hayw a rd | | TILL TARL TALLAHAS |
| Nam | ne | 0, _, _, |
| 2121 Killarney V | Vay | PH 2: 49 OF STATE EE. FLORID |
| Florida street a | address (P.O. Box NOT accepta | ible) |
| Tallahassee | _{FL} 32309 | |
| 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.

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 Member | | |
| MGR | Don C. Kent | |
| | 7 Cutty Sark Ct. Panacea, FL 32346 | |
| | Fanacea, FL 32340 | |
| MGR | Sandra L. Kent | |
| | 7 Cutty Sark Ct. | |
| | Panacea, FL 32346 | 75 PS |
| | | 产 党 王 |
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| | | <u>'S</u> |
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| | | 2: 49 FLORIG |
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| (Use attachment if necessary) | | , |
| (Ose attachment if necessary) | 1 1 | |
| CLE V: Effective date, if other than the | e date of filing: 3 1 2012 | (OPTIONAL) |
| effective date is listed, the date must l | | ` |
| 90 days after the date of filing.) | • | v 1 |
| 5, | | |
| | | |

(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.)

Signature of a member or an authorized representative of a member.

Don C. Kent

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)