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DATE: 08-14-2012

NAME: DONE DEAL ENTERPRISES SB 101, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: Done Deal Enterprises SB 101, 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: Wendy Berry Name of Person Graham & Dunn PC Firm/Company 2801 Alaskan Way, Suite 300 Seattle, WA 98121 City/State and Zip Code WBerry@GrahamDunn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wendy Berry Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$155.00 Filing Fee & _\$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	y Company is:		
	eal Enterprises SB 1		
(Must end with the wo	ords "I imited Liability Con-	pany, "L.L.C.," or "LLC")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principa	nł office of the Limited Li¢bil	ity Company is:
Principal Office Address:	Mar	iling Address:	
687 Freeling Drive		687 Freeling Drive	
Sarasota, FL 34242		Sarasota, FL 34242	
The name and the Florida street a	nddress of the registe al Corporate Researc	_	12 AUC
Nationa		ch, Ltd., Inc.	AUG
	Name		SS S
	155 Office Plaza Drive		[77] 200 ent
	Florida street address (P	O. Box NOT acceptable)	
Tallat	hassee ri,	32301	
	City, State, and	Zip	<u> </u>
Having been named as registered liability company at the place registered agent and agree to act statutes relating to the proper accept the obligations of my p	designated in this cer in this capacity. I fin nd complete perform	rificate, I hereby accept the ap orther agree to comply with the cance of my duties, and Fam fai	ppointment as provisions of all miliar with and

(CONTINUED)

Page Lof 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR		eling Dr.	
	Sarasota	FL	34242
MGR	Thorin Lindsey		
	687 Fre	eling Dr.	
	Sarasota	<u>FL</u>	34242
			
	**************************************		. 1
			
Ise attachment if necessary)			
	1		40 190143
EV: Effective date, if other than the ective date is listed, the date must be	date of filing:		, (OPTIO

REQUIRED SIGNATURE:

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.)

Lee-Ann Corry, Member
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)