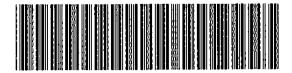
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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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MAR 14 2013 D. BRUCE

COVER LETTER

Division of Co		
SUBJECT:	Doland Invostr	ments Club, LLC.
		ed Liability Company
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.
Please return all corresp	pondence concerning this matte	er to the following:
	Kwan	. Chen Ma
		Name of Person
	Deland I,	nvestments Club
		Firm/Company
	9 3 0	N. Amelia Avc.
**************************************		Address
	Oala	and, FL 32724
 		y/State and Zip Code
	Kcma '	95@ acl.com or future annual report notification)
	E-mail address: (to be used f	or future annual report notification)
For further information	concerning this matter, please	call: at (386) 822-4668
<i>V</i>	*	TAR ASS
Kwan Cr Name	of Person	Avec Code & Dortime Telephone Number (II)
Enclosed is a check f	for the following amount:	IAIE ORIDA
□\$125.00 Filing Fee	13130.00 Filing Fee & Certificate of Status	U\$155.00 Filing Fee & U \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy
		(additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

2/0/2012 10-64 434

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ited Liability Company	,
	Ocland Investm	
(Must	end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		ne principal office of the Limited Liability Company is:
Principal Office Ad	ldress:	Mailing Address:
286 N. Amelia		226 N. Amelia Ave
Deland, FL	32724	Ocland, FL 32724
(The Limited Liability Con	npany cannot serve as its own I	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Conbusiness entity with an act	npany cannot serve as its own I tive Florida registration.) orida street address of t	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Conbusiness entity with an act	npany cannot serve as its own I live Florida registration.)	Registered Agent. You must designate an individual or another
(The Limited Liability Conbusiness entity with an act	npany cannot serve as its own I tive Florida registration.) orida street address of t Kwan (the registered agent are: Chen Ma Name ANCE ARRY AMELIA ARR ARR ARR ARR ARR ARR ARR
(The Limited Liability Conbusiness entity with an act	npany cannot serve as its own I tive Florida registration.) orida street address of t Kwan (N	the registered agent are: Chen Ma Name ANCE ARRY AMELIA ARR ARR ARR ARR ARR ARR ARR
(The Limited Liability Conbusiness entity with an act	npany cannot serve as its own I tive Florida registration.) orida street address of t Kwan (N	the registered agent are: Chen Ma Name ANCE ARRY AMELIA ARR ARR ARR ARR ARR ARR ARR
(The Limited Liability Conbusiness entity with an act	npany cannot serve as its own I tive Florida registration.) orida street address of t Kwan (N 226 N. A Florida street	the registered agent are: Chen Ma Name Anclia Ave et address (P.O. Box NOT acceptable) Registered Agent. You must designate an individual or another Anchor Anchor Ave Registered Agent. You must designate an individual or another Anchor Ancho

Registered Agen'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 Member	Name and Address:
MGRM	Kwan Chen Ma 236 N. Amelia Ave Deland, FL 32724
(Use attachment if necessary) ARTICLE V: Effective date, if other tha	n the date of filing: (OPTIONAL)
(If an effective date is listed, the date prior to or 90 days after the date of filing	must be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a management	ember or an authorized representative of a member.
constitutes an affirmation I am aware that any false constitutes a third degree	under the penalties of perjury that the facts stated herein are fine. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)