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Certified Copies	Certificates	s of Status
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BEONETARY OF STATE LLAHASSEL FORM

JUN 1 3 2013

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(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D & M Installers, 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:
Michael Kunkel Name of Person
D&M Installers, LLC
10084 Freesian Way
City/State and Zip Code MK Shakey mitch 99 e gmail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Kunkel at (561) 376-1177
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:
Michael Kunkel 10084 Freesian Way
Name
10084 Freesian Way
Florida street address (P.O. Box NOT acceptable)
City. State, and Zip
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)
Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
MGRM	michael Kunkel
	10084 Freesian Way Lake Worth, Fl. 33449
MGRM	Dave Lamb
	Lake Worth F1. 33449
MGR	Dawn Lamb
	Lake worth, Fl. 33449
	·
	
	than the date of filing: $6/7/13$. (OPTIONAL)
TICLE V: Effective date, if other t	te must be specific and cannot be more than five business da
TICLE V: Effective date, if other to no effective date is listed, the dat	te must be specific and cannot be more than five business da
TICLE V: Effective date, if other to effective date is listed, the date to or 90 days after the date of file REQUIRED SIGNATURE:	te must be specific and cannot be more than five business dailing.)
FICLE V: Effective date, if other to effective date is listed, the date to or 90 days after the date of file REQUIRED SIGNATURE: Signature of a	te must be specific and cannot be more than five business dadling.) May Land a member or an authorized representative of a member.
FICLE V: Effective date, if other to effective date is listed, the date is to or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sections an affirmation I am aware that any false)	te must be specific and cannot be more than five business dadling.) May Lamber of an authorized representative of a member. Stion 608.408(3), Florida Statutes, the execution of this document
ICLE V: Effective date, if other to effective date is listed, the date of to or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmatic I am aware that any false constitutes a third degree.)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true: see information submitted in a document to the Department of State.
ICLE V: Effective date, if other to effective date is listed, the date of to or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmatic I am aware that any false constitutes a third degree.)	te must be specific and cannot be more than five business dating.) Typed or printed presentative of a member. Typed or printed presentative of a member. Typed or printed presentative of a member.

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