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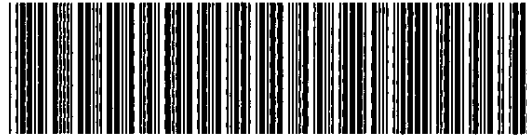
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DCCD, 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:

Robyn K. Fenske

Name of Person

Firm/Company

3615 South Beach Dr.

Address

Tampa FL 33629

City/State and Zip Code

rfenske1@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M Shuta Esq

Name of Person

at (**727**) **424-6406**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following **Articles of Organization**:

ARTICLE I
Name

The name of the Limited Liability Company is **DCCD, LLC**.

ARTICLE II
Address

The mailing address and street address of the Principal Office is **3615 South Beach Dr., Tampa FL 33629**.

ARTICLE III
Business

This Limited Liability Company shall engage in the business of **ownership of real, personal and/or mixed property**.

ARTICLE IV
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue indefinitely thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V
Management

The Limited Liability Company shall be managed by its authorized Members whose name, mailing address and street address are **Neil A. Fenske and Robyn K. Fenske, or the survivor thereof, 3615 South Beach Dr., Tampa FL 33629**.

ARTICLE VI
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of **all** of the **Members**. A Member may transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a Member unless all the other Members of the Company other than the Member proposing to dispose of his or her interest and the Manager approve of the proposed transfer by unanimous written consent.

ARTICLE VII
Members Rights to Continue Business

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

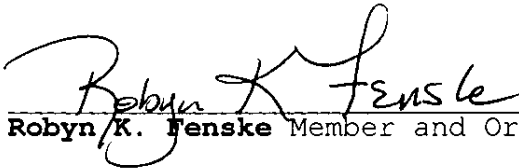
These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 25 day of June, 2013.

AUTHORIZED MEMBER:



Neil A. Fenske Member and Organizer



Robyn K. Fenske Member and Organizer

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned **LIMITED LIABILITY COMPANY**, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Limited Liability Company is **DCCD, LLC**

2. The name and address of the registered agent and office is:

**Robyn K. Fenske
3615 South Beach Dr.
Tampa FL 33629**

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.



Robyn K. Fenske
Registered Agent

Date: 6/26/13, 2013

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