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(Re	equestor's Name)	
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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DDK PINE HAVEN, LLC	
Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter	to the following:
STEPHEN F. DEAN	
Na	ame of Person
Fi	rm/Company
3132 OBRIEN DRIVE	
	Address
TALLAHASSEE, FL 32309 City/St	ate and Zip Code
stephenfdean@comcast.net E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please ca	II:
Stephen F. Dean at (850 Name of Person Are	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	·
Certificate of Status	\$155.00 Filing Fee & Silfon.00 Filing Fee, Certified Copy ditional copy is enclosed) \$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

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
DDK PINE HAVEN, LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3132 OBRIEN DRIVE	3132 OBRIEN DRIVE	
TALLAHASSEE, FL 32309	TALLAHASSEE, FL 32309	
ADTICLE HI Designand Agent Designand Office	C Decisional A and Simonal Comments	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow	n Registered Agent. You must designate an indivi-	dual or
another business entity with an active Florida registrati	ion.)	
The name and the Florida street address of the registered	ed agent are:	
STEPHEN F. DEAN		
Nan	ne	
3132 OBRIEN DRIVE		
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	
TALLAHASSEE	FL 32309	
City	Zip	
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce- capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o Cha	ept the appointment as registered agent and agree to is of all statutes relating to the proper and complete	o act in this performance
Styphn D Registered Agent's Sign	Dran	
R∲gistered Agent`s Sign	nature (REQUIRED)	14 居
(CONTIN	UED)	
Darra Lat	o i	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	CTERUCN E DEAN
AMDIX	STEPHEN F. DEAN 3132 OBRIEN DRIVE
	TALLAHASSEE, FL 32309
AMBR	DATRICIA D. DEANI
ANIDIX	PATRICIA R. DEAN 3132 OBRIEN DRIVE
	TALLAHASSEE, FL 32309
	TREATINGUE, I E 02009
(Use attachment if necessary)	
	ate of filing: <u>JANUARY 1, 2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 c
e of filing.)	
ce of filing.) CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	lu d'Tocan
REQUIRED SIGNATURE:	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document

STEPHEN F. DEAN

Typed or printed name of signee

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

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

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)