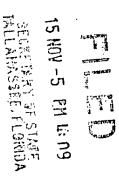
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(Requestor's Name)		
(Address)		
(Address)		
(City/S	tate/Zip/Phone #)	
PICK-UP	W AIT	MAIL,
(Busin	ess Entity Name)	
(Docui	ment Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Fili	ng Officer:	
63248		
	LU	
	Office Use Only	

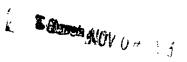


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09/16/15--01021--004 **125.00



T. Busch 400 05 2015



COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: D + M Florida Investments 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:				
April Teddlie Name of Person				
D+ m Florida Investments LLC Firm/Company				
	1448 SW 28 th	Ave		
	Ft Landerdak,	F/ 33312	<u>-</u>	
Ft Landerdak, F/ 33312 City/State and Zip Code aprilteddlie@icloud.com				
E-mail address: (to be used for future annual report notification)				
For further information con	cerning this matter, please call:			
Aprì / Name	reddlie at (954) e of Person Area Code	540 - 941 Daytime Telephone I	9 9 Number	
Enclosed is a check for the following amount:				
\$125.00 Filing Fee	Certificate of Status Certi	fied Copy onal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Address	Street Address		
	ling Section n of Corporations	New Filing Section Division of Corporation	a c	
P.O. Bo	ox 6327	Clifton Building		
Tallaha	ssee, FL 32314	2661 Executive Center	Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2015

APRIL TEDDLIE 1448 SW 28TH AVE FT LAUDERDALE, FL 33312

SUBJECT: D & M FLORIDA INVESTMENTS LLC

Ref. Number: W15000063248

We have received your document for D & M FLORIDA INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 615A00020057

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- ·					
The name of the Limited Liability	Company is:					
D+m S	buth Florida with the words "Limited"	a Inves	tments L	LC		
(Must end w	vith the words "Limited 1	Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limited 1	Liability Company is:			
<u>Principa</u>	l Office Address:		Mailing Add:	ress:		
1448 S Et Lande	W 28 th An	<u>16</u> 312 - F	1448 SW	28th Ave		
				33312		
(The Limited Liability Company another business entity with an action of the name and the Florida street a	ctive Florida registration ddress of the registered	1.)		dividual or		Ţ
	1448 5	W 28	the		NOV -5	g can ruc.
	Florida street address Ft Land	(P.O. Box <u>NOT</u> ac <i>Berdwle F</i>	ceptable) 7/ 333/z Zip			3
	City	State	Zip		→ ·™	, and
Having been named as registered a place designated in this certificate, i further agree to comply with the pro am familiar with and accept the obl	I hereby accept the appo ovisions of all statutes rel	intment as registered lating to the proper	d agent and agree to act and complete performan	in this capacity. I ce of my duties, an		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Dieter Brennecke 1448 SW 28th Are Ft Landerdale, Fl 33312
AMBR	Michael Dasskr 1370 & Terra Mar Dr Pompano Beach, Fl 33062
<u>MGR</u>	April Teddlie 316 SW 14th Ct Pompano Beach, Fl 33060
(Use attachment if necessary)	
the date of filing.) Note: If the date inserted in this block does not meet the a	d cannot be more than five business days prior to or 90 days after the prior of the
the document's effective date on the Department of State's ARTICLE VI: Other provisions, if any.	s records.
REQUIRED SIGNATURE:	7
Signature of a member or	an authorized representative of a member.

Filing Fees:

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Fer Brennecke
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)