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Florida Department of State
Division of Corporations
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EFFECTIVE DATE
1-29-16

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LYONS & LYONS, P.A.
Account Number : 120030000061
Phone : (239) 948-1823
Fax Number : (239) 948-1826

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rlyons@lyons-law.com

FLORIDA LIMITED LIABILITY CO.
D & S Family GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION
OF
D & S FAMILY GP, LLC

ARTICLE I - NAME

The name of the limited liability company is D & S Family GP, LLC, ("company")

ARTICLE II - ADDRESS

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

Principal Office Address:
2338 Immokalee Road, Suite 158
Naples, Florida 34110

Mailing Address:
2338 Immokalee Road, Suite 158
Naples, Florida 34110

EFFECTIVE DATE
1-29-16

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

L&L PARA, Ltd. Co.
27911 Crown Lake Boulevard, Suite 209
Bonita Springs, Florida 34135

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 605, F.S.

L&L PARA, Ltd. Co., a
Florida limited liability company

By: Richard D. Lyons
Richard D. Lyons
Its: Manager

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

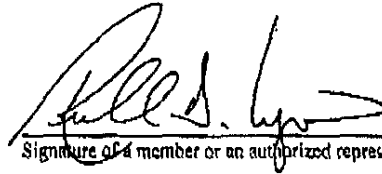
Title:
MGR - Manager

Name and Address:
Cheryl Deering
2338 Immokalee Road, Suite 158
Naples, Florida 34110

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be January 29, 2016.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

Richard D. Lyons

Typed or printed name of signee