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Office Use Only

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: DAVID & DAVID LAC 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: | | |
| GREGORY R. DAY W Name of Person | | |
| Firm/Company | | |
| ritivCompany | | |
| 24508 RODAS DR. | | |
| Address | | |
| BONITA SPRINGS, FL. 34/35 City/State and Zip Code Agrego 7 @ Comcast. net E-mail address: (to be used for future annual report notification) | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| CREG DAVIDat (237) 289-5904 Name of Person Area Code Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Laterner & Authory & Certified Copy (additional copy is enclosed) | | |
| Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Milling 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: | | | |
|---|-----------------------------------|---------|------------|
| David + David L | L.C. | | |
| (Must end with the words "Limited Liability | Company, "L.L.C.," or "LLC.") | _ | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the | ne Limited Liability Company is: | 16 FEB | i manana a |
| Principal Office Address: | Mailing Address: | ထ | - |
| 24508 RODAS DR. BONITA SPRINGS, FC. 34135 | 2450R RODAS DE PONITA SPRINGS FOR | MII: 27 | |
| ADTICLE III Degistered Agent Degistered Office & Degist | arad Avant's Signature: | , — | |

gistered 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 business entity with an active Florida registration.)

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

Florida street address (P.O. Box NOT acceptable)

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..

gistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

| The name and address of each person auth | norized to manage and control the Limited Liability Company: |
|--|---|
| Title: | Name and Address: |
| "AMBR" = Authorized Member "MGR" = Manager | |
| MC R | ALANGDAVID REGK |
| | Lelego CANDIES RIDGE RD |
| • • • | CHARLESTON, TN. 3'/3/O |
| <u>AMBR</u> | GREGORY R. DAVIN |
| | 24508 RODAS DR |
| | BONITA SPRINGS, PE 39185 |
| | |
| | 5. 8 |
| | |
| | |
| | |
| | <u>⊋</u> ∑_~ |
| (Use attachment if necessary) | > |
| • | 1/2/4 |
| ARTICLE V: Effective date, if other than the date of | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after |
| the date of filing,) | cine and cannot be more than five business days prior to or 90 days after |
| Note: If the date inserted in this block does not me | eet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the Department o | f State's records. |
| ARTICLE VI: Other provisions, if any. | |
| | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| May | -//5 <i>///</i> |
| Signature i a mer | nber or an authorized representative of a member. |
| This document is execute | d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State |
| constitutes a third degree | felony as provided for in s.817.155, F.S. |
| | B Duil |
| Gregory | Typed or printed name of signee |

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)