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SECRETATE STATE OF CORPORATIONS

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COVER LETTER

Division of Corporations
SUBJECT: D 3 T Holding Pland LCC 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:
Tiffany little
Name of Person
Firm/Company
407 E. Carolin St # 221
Address
Tellohasse, Pl 32301 City/State and Zip Code tiffang Little Sanail. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tiffany a1 (850) 528.0819
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	Εl	- Na	me:
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The name of the Limited Liability Company is:

D3 T Hodings Plorida UC

(Must contain 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 Limited Liability Company is:

Principal Office Address:	Mailing Address:
407 E. Carolina St #221	Sance
Tallahasse, PC 32301	

ARTICLE III - Registered 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:

Tiffany Liffe
Name

107. E. Cardun St # 221

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

Tallahossee, Pt. 32301

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Maragre	Tifferny little 407 E. Carolina St #22(
Manager	Dusty Nelson 407 & Cardina St #221 Tallahasse, tr 32501
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days aft
RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be sput date of filing.) Note: If the date inserted in this block does not represent the document's effective date on the Department	secific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
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RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified at e of filing.) Note: If the date inserted in this block does not reflect date on the Department of the document's effective date on the Department of the RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a material of the document is executed an aware that any false constitutes a third degree.	receific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed of State's records. The most of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
RETICLE V: Effective date, if other than the date if an effective date is listed, the date must be specified at the date of filing.) Note: If the date inserted in this block does not reflect the document's effective date on the Department of a memory. RETICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memory of a memory of the document is executed as	meet the applicable statutory filing requirements, this date will not be listed of State's records. The state of a member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, it information submitted in a document to the Department of State

ARTICLE IV-

1) Tiffang Little Will not runstate D3 T Hordings Parisla LLC L15000088275.

Shows from

7.7-2017