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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	DKD Leasing, LLC		
30031.0	Name of	Limited Liabili	ty Company
The enclo	sed Articles of Organization and fee(s	are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the f	ollowing:
	Federico Mojica, Esq.		
		Name of	Person
	Law Office of Annette Z.P. Ross, P	L	
		Firm/Co	npany
	901 Venetia Bay Blvd., Suite 240		
		Addr	ess
	Venice, Florida 34285		
		City/State an	1 Zip Code
	federico@arosslawfirm.com E-mail address: (to be u	sed for future a	nnual report notification)
For further	information concerning this matter, ple		
	Federio Mojica	941	4801948
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	0 Filing Fee & S160.00 Filing Fee. cd Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must co	ontain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and stree	st addense of the existing of		iakilin Company in	
-		inice of the Limited 1		
<u>Princ</u>	cipal Office Address:		Mailing Address:	
700 Roanoke Rd.,	Venice, FL 34293	700 R	oanoke Rd., Venice, FL 3425	93
"				
RTICLE III - Registered 2	Agent, Registered Office,	& Registered Agent	's Signature:	
he Limited Liability Compa	any cannot serve as its own	Registered Agent. Y	's Signature: ou must designate an individu	ual or
	any cannot serve as its own	Registered Agent. Y		ual or
The Limited Liability Compa tother business entity with a	any cannot serve as its own an active Florida registratio	Registered Agent. Y on.)		₹.c -1
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The Limited Liability Compa tother business entity with a	any cannot serve as its own an active Florida registratio	Registered Agent. Yon.)		17 A L SELÅ TALLA
The Limited Liability Compa tother business entity with a	any cannot serve as its own an active Florida registration cet address of the registered	Registered Agent. Yon.)		17 A L SELÅ TALLA
The Limited Liability Compa tother business entity with a	any cannot serve as its own an active Florida registration cet address of the registered Annette Z.P. Ross, E	Registered Agent. Y on.) d agent are: sq. Name		17 AUG 28 SEURE AAT TALLAHASSE
The Limited Liability Compa tother business entity with a	any cannot serve as its own an active Florida registration cet address of the registered Annette Z.P. Ross, E	Registered Agent. Y on.) d agent are: sq. Name	ou must designate an individu	17 AUG 28 SEURE AAT TALLAHASSE
The Limited Liability Compa tother business entity with a	any cannot serve as its own an active Florida registration cet address of the registered Annette Z.P. Ross, E	Registered Agent. Yon.) d agent are: sq. Name rd., Suite 240	ou must designate an individu	17 A L SELÅ TALLA

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..

(CONTINUED)

Ancette 3P Rus Con Registered Agent's Signature (REQUIKED)

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

"AMBR" = Authorized Member "MGR" = Manager AMBR Diana Davis, Trustee for The Davis Family Living Trust, Dated June 20, 2017 T00 Roanoke Rd, Venice FL 34293 (Use attachment if necessary) (RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. RETICLE VI: Other provisions, if any. REOURED SIGNATURE: REOURED SIGNATURE: Diana Davis, Trustee for The Davis Family Living Trust, Dated June 20, 2017 Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certificet Gopy (Optional) \$5.50.00 Certificet of Status (Optional)	Title:	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (An effective date, if other than the date of filing: (OPTIONAL) (If an effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after the date of filing.) (OPTIONAL) (OP		
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(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:		700 Rodioke Rd., Velifice L 54275
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