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COVER LETTER

	ivision of Corporations				
eun incer	D&P Brand Distributors, LLC				
SUBJECT	Name of Limited Liability Company				
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.			
Please retu	irn all correspondence concerning this matt	ter to the following:			
	David Brand				
	-	Name of Person			
	D&P Brand Distributors, LLC				
	Firm/Company				
	3032 SW Santa Barbara PL, #4				
	Address				
	Cape Coral, FL 33904				
	Cit davedbrand@aol.com	y/State and Zip Code			
	E-mail address: (to be used f	or future annual report notification)			
For further i	information concerning this matter, please	call:			
	David Brand 239	895-4795			
	Name of Person Are	ra Code Daytime Telephone Number			
Enclosed i	s a check for the following amount:				
\$125.00 F	iling Fee \$\bigsim \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301			

March 1, 2018

Department of State
Division of Corporations

Clifton Building 2661 Executive Center Drive Tallahassee, FL 32301

Reference: D&P Brand Distributors, LLC Florida Document Number: L16000057850

Dear Department:

It has come to our attention that our limited liability company D&P Brand Distributors, LLC. was dissolved administratively.

At this time I would like to release our document number L16000057850 as the authorized member of this limited liability company.

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely,

David Brand, Authorized Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

D&P Brand Dis				_	
(Must	contain the words "Limited L	liability Company, "I	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal of	fice of the Limited L	iability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
3032 SW Santa	Barbara PL. #4	3032 \$	SW Santa Barbara PL. #4	_	
Cape Coral, FL	33904	Cape C	Coral, FL 33904	-	
(The Limited Liability Com another business entity with	Agent, Registered Office, & pany cannot serve as its own I a an active Florida registration area address of the registered.	Registered Agent. Yo n.)	s Signature: ou must designate an individual or	18 HAR -5 F	
(The Limited Liability Com another business entity with	pany cannot serve as its own I n an active Florida registration	Registered Agent. Yo n.)		-5 PH	
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(The Limited Liability Com another business entity with	pany cannot serve as its own I n an active Florida registration reet address of the registered	Registered Agent. Yon.) agent are:		-5 PH	
(The Limited Liability Com another business entity with	pany cannot serve as its own In an active Florida registration treet address of the registered Ronald St. Clair	Registered Agent. You.) agent are: Name	ou must designate an individual or	-5 PM 1:1	
(The Limited Liability Com another business entity with	pany cannot serve as its own In an active Florida registration treet address of the registered Ronald St. Clair 709 Cape Coral pkwy	Registered Agent. You.) agent are: Name	ou must designate an individual or	-5 PM 1:1	

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..

Panal St. Class
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Brand, David 3032 SW Santa Barbara PL, #4 Cape Coral, FL 33904
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	c of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	in A. d.
This document is exect I am aware that any fals constitutes a third degre	ember or an authorized representative of a member. atted 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.
	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)

\$ 5.00 Certificate of Status (Optional)