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(Re	equestor's Name)	
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TO JAN -7 ANTI: LI

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: D and D Bass LLC Name of Li	imited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	matter to the following:	
Donna Bass	N	
	Name of Person	
D and D Bass LLC	Firm/Company	
816 California Ave	Address	
	Address 3	
Saint Cloud, FL 34769		ِ رِج
•	City/State and Zip Code	- H
dmb02dwb@gmail.com E-mail address: (to be use		. e.j
For further information concerning this matter, ple	ed for future annual report notification)	SA THE SERVED AT TORS
	· · · · · · · · · · · · · · · · · · ·	ÜK.
Donna Bass at (407 129-8385	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
. \$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street/Courier Address	
Registration Section Division of Corporations	Registration Section Division of Cornorations	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
D and D Bass LLC (Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")	_	
ARTICLE 11 - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
816 California Ave	816 California Ave	_	
Saint Cloud, FL 34769	Saint Cloud, FL 34769	_	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an indiv	ridual or	4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Donna Bass Name		-7	1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
816 California Ave Florida street address (P.O. Box I	NOT acceptable)	4H 44	
Saint Cloud	FL 34769	25.	_
City	Zip		
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter. Registered Agent's Signature.	the appointment as registered agent and agree fall statutes relating to the proper and complet gations of my position as registered agent as professions.	to act i e perfoi	n this mance

(CONTINUED)

Page Lof 2

<u>Title:</u> "AMBR" = Authori	zed Member	Name and Address:
"MGR" = Manager	rica inclinaci	
MGR		Donna Bass
		816 California Ave Saint Cloud, FL 34769
		Odini Olodo, 1 E 047 00
<u>MGR</u>		David Bass
		816 California Ave
		Saint Cloud, FL 34769
(Use attachment if r	necessary)	
CLE V: Effective date, effective date,	, if other than the date o	of filing:
CLE V: Effective date, effective date is listed, te of filing.)	if other than the date of the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
CLE V: Effective date,	if other than the date of the date must be spectors, if any.	of filing:
CLE V: Effective date, effective date is listed, the of filing.) CLE VI: Other provision REQUIRED SIGN	if other than the date of the date must be spectors, if any. Signature of a men	cific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, effective date is listed, te of filing.) CLE VI: Other provision REQUIRED SIGN (In accord	if other than the date of the date must be spectors, if any. Signature of a mentance with section 605	nber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, effective date is listed, te of filing.) CLE VI: Other provision REQUIRED SIGN (In accordance)	if other than the date of the date must be spectors, if any. Signature of a mentance with section 605 s an affirmation under	cific and cannot be more than five business days prior to or 90 day

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)