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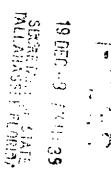
	(Requestor's Name)			
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	(Business Entity Name)			
(Document Number)				
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Special Instructions to Filing Officer:				
				

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BIG D'S TNUESTMENTS L.L.C, 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:
DONALD FRANCE Name of Person BIE DS DogS ETC. CART Firm/Company
Firm/Company
6037 Liberty DrivE
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Do NALO FRANCE at (317) 460-9817 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{155.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{155.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{160.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{155.00 \text{ Filing Fee}}{Certif
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC:	LE I -	Name:
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The name of the Limited Liability Company is:

BIG D'S INVESTMENTS L. L.C.

(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:
GROVELAND, FL 34736	SAME

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:

KATHY L. FRANCE

Namie

6037 Liberty Dr.

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

GROVE LAND FU. 34736

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..

Kathy J. Frame
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:
"MGR" = Mai		DONALD FRANCE 6037 Liberty DR. GROVE AND, FU. 34736
(Use attachme	ent if necessary)	
If an effective date is I he date of filing.) Note: If the date insert	isted, the date must be specific a	ng: January 61, 2020. (OPTIONAL) and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as the statutory filing requirements.
ARTICLE VI: Other pr	ovisions, if any.	
REQUIRED	SIGNATURE:	France
	This Jocument is executed in a I am aware that any false inform	or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, nation submitted in a document to the Department of State y 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)