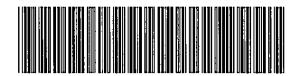
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(Red	questor's Name)	
(Add	dress)	
(Address)		
(City	y/State/Zip/Phone	e #)
_		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Eiling Officer:	
Special instructions to i	ming Officer.	

Office Use Only



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2020 JUL 16 PM 1: 14 SECRETARY OF STATE TALLAHASSEE, FL

N CHILLIGAN JUL 20 2020

TO: New Filing Section Division of Corporations
SUBJECT: D'S TYLES and Things LLC 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:
Darius Williams Name of Person
D's Trees and Things LCC
11991 NW Freeman Rd. Address
By Stol
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darius William Sat (850) 447-1873 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Salational copy is enclosed) \$\square\$ \square\$ \$\square\$ \$\squar

Mailing Address

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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
2020 JUL 16 PH 1: 14
SECRETARY OF STATE
TALLAHASSES EL

ARTICLE I - Name:

. The name of the Limited Liability Company is:

D'S Trees and Things LLC

(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:
11991 NW Freeman Rd.	11991 NW Freeman Kd
Rock 1 1 27 271	Brid 1 11 37321
DV 18101 PI . 30361	1.)/13/01 /101. 32.32 (

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:

Name

Name

11991 NW Freeman Rd

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

Bristol, H. 32321

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)

. The name and address of each person at	uthorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR"	Darius Williams 1791 NW Freeman Rd Bristol, H. 32321
 	
	SEORE J
	AHAS
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	7/12/2000 DN
(If an effective date is listed, the date must be spothed the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	of State's records.
REQUIRED SIGNATURE:	
Lar	ins Williams
I his document is executed an aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Darie	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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)