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1/25/2021

NAME: DKC LENDING LLC

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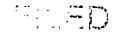
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COVER LETTER

	ew Filing Sectivision of Con				
SUBJECT:	DKC Lend	ing LLC			
SUBJECT	·	Nam	e of Limited Lia	bility Company	
The enclose	ed Articles of	Organization and f	èe(s) are submitt	ed for filing.	
Please retur	rn all correspo	ondence concerning	this matter to th	e following:	
	David R. Ph	illips, Esq.			
			Name	of Person	
	Phillips, Hay	/den & Labbee, LL	P		
			Firm/	Company	
	19321 US H	ighway 19 North, S	Suite 301		
			Ad	ldress	
	Clearwater,	FL 337 6 4			
	4:40-1-16		City/State	and Zip Code	
-	david@phlfin		he used for futur	e annual report notificat	ion)
For further in		ncerning this matte		·	·· ,
	David R. Phi	_	727 at (300-1399	
	Nam	ne of Person	Area Code	Daytime Telephon	ne Number
Enclosed is	a check for t	he following amou	at.		
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		ng Address		Street Address	tutata
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
	P.O. B	ox 6327		2415 N. Monroe Stre	et, Suite 810
	Taliah	assee, FL 32314		Tallahassee, FL 3230	93



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JAN 25 PH 12: 31

ARTICLE	1 -	Name:	
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The name of the Limited Liability Company is:

SECRITAL OF STATE TALLAMATERS. FL

(Must conta	in the words "Limited I	iability Company,	, "L.L.C.," or "LLC.")
TICLE II - Address:			
e mailing address and street ad	dress of the principal of	fice of the Limited	i Liability Company is:
Princips	l Office Address:		Mailing Address:
108 W. Alva Street		108	W. Alva Street
Tampa, FL 33603		Tan	npa, FL 33603
RTICLE III - Registered Age	cannot serve as its own ctive Florida registration	& Registered Age Registered Agent. n.)	
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	cannot serve as its own ctive Florida registration address of the registered	& Registered Age Registered Agent. n.) agent are:	nt's Signature:
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	cannot serve as its own ctive Florida registration	& Registered Age Registered Agent. n.) agent are:	nt's Signature:
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	cannot serve as its own ctive Florida registration address of the registered	& Registered Age Registered Agent. n.) agent are:	nt's Signature: You must designate an individu
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	cannot serve as its own ctive Florida registration address of the registered David R. Phillips, Esc.	& Registered Age Registered Agent. n.) agent are: Name 9 North, Suite 301	nt's Signature: You must designate an individu
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	cannot serve as its own ctive Florida registration address of the registered David R. Phillips, Esc.	& Registered Age Registered Agent. n.) agent are: Name 9 North, Suite 301	nt's Signature: You must designate an individu

Having been named as registered ugent 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 possition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager David K. Clemens MGR 108 W. Alva Street (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 25, 2021 (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. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David R. Phillips, Esq.

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)