Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : I20030000061 Phone : (239)948-1823 Fax Number : (239)948-1826

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: richard.lyons@lyons-law.com

FLORIDA LIMITED LIABILITY CO. DAKOTA DIANE, LLC

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ARTICLES OF ORGANIZATION OF DAKOTA DIANE, LLC

ARTICLE I - NAME

The name of the limited liability company is Dakota Diane, LLC, (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address: 9167 Spanish Moss Way Bonita Springs, Florida 34135 Mailing Address: 9167 Spanish Moss Way Bonita Springs, Florida 34135

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

L&L PARA, Ltd. Co. 27911 Crown Lake Boulevard, Suite 209 Bonita Springs, Florida 34135 SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>:</u>

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 vertificate. 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.

L&L PARA, Ltd. Co, a
Florida limited liability company

Richard D. Lyons

Its: Manager

ARTICLE IV - MANAGERS OR MEMBERS

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

ARTICLES OF ORGANIZATION OF DAKOTA DIANE, LLC

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Liability Company:

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Julie A. Craig

9167 Spanish Moss Way

Bonita Springs, Florida 34135

REQUIRED SIGNATURE:

Signature of a member of 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 fulse information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Richard D. Lvons

Typed or printed name of signee