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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	w Filing Secti vision of Corp			
SUBJECT	D.M	Investment Name of Limi	LLC ted Liability Company	
The enclose	ed Articles of C	Organization and fee(s) are	submitted for filing.	
Please retur	n all correspor	ndence concerning this man	ter to the following:	
		Dexter Macti	Name of Person	
		D.M Investmen	Firm/Company	
		6738 Donera	il Trail Address	
			FL 32309 ty/State and Zip Code	
-		-mail address: (to be used f	ER 23 G GMR14. COM for furtife annual report notification	on)
or further i	nformation cor	neerning this matter, please	call:	
	Martin, I	e of Person Ar	850) 728 - 28 ea Code Daytime Telephone	885 e Number
Enclosed in	s a check for th	ne following amount:		
\$125.00) Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

<u>D.M. Investment</u> E (Must contain the words "Limited Liabil	ty Company, "E.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:
6738 Donerail Trail	6738 Doperail Trail Tallahasses, FL 32309

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

another business entity with an active Florida registration.)

ARTICLE 1 - Name:

Dexter Martin
Name

6738 Donerall Trail
Florida street address (P.O. Box NOT acceptable)

Tollahassee FL 32309

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. Thereby 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..

Régistered Agent's Signature (REQUIRED

(CONTINUED)

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

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ument's effective date on the Department of State's records.			
(Use attachment if necessary) LEV: Effective date, if other than the date of filing: [Include the state of	AIGK" = Managei		
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:		Dexter Martin	
(Use attachment if necessary) L.E. V.: Effective date, if other than the date of filing:		GF38 Merul Trail	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		Tallanus xac, pl scsot	
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I.E.V: Effective date, if other than the date of filing:			
RECUIRED 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 of the Department of State Statutory filing requirements. 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. State	(Use attachment if necessary)		
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