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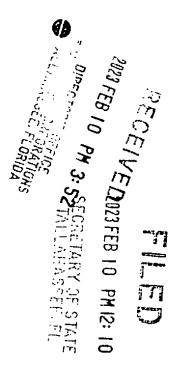
(Requestor's Name)
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S. CHATHAM



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 477939 7977112
AUTHORIZATION :
COST LIMIT: \$)125.00
ORDER DATE : February 10, 2023
ORDER TIME : 2:40 PM
ORDER NO. : 477939-005
CUSTOMER NO: 7977112
~ • • • • • • • • • • • • • • • • • • •
DOMESTIC FILING
NAME: DDH PROPERTIES A, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.
EXAMINER'S INITIALS:

COVER LETTER

	New Filing So Division of Co				
SUBJEC		perties A, LLC			
SUBJEC	· ·	Name	of Limited Lia	bility Company	
The enclos	sed Articles o	of Organization and fee	e(s) are submitt	ted for filing.	
Please retu	ırn all corres _i	ondence concerning t	his matter to th	e following:	
	Christophe	r R. O'Brien, Esq.			
			Name	of Person	,
	Woods, Wo	eidenmiller, Michetti d	& Rudnick LLI	P	
			Firm/	Company	
	9045 Strada	a Stell Court, Suite 40	0		
			Ad	dress	
	Naples, FL	34109			
	cobrien@lay	vfirmnaples.com	City/State	and Zip Code	
			used for futur	e annual report notifical	tion)
For further is	nformation co	oncerning this matter,	please call:		
	Christopher		239 at (325-4070	
	Nan	ne of Person		Daytime Telephor	ne Number
Enclosed is	a check for t	the following amount:			
≣\$ 125.00	Filing Fee	□\$130.00 Filing F Certificate of State	s Certi	55.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address iling Section		Street Address New Filing Section D	ivision
	Divisi	on of Corporations		The Centre of Tallah	assee
		ox 6327 assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DDH Proper				
(M	ust contain the words "Limited I	Liability Company,	, "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and	: street address of the principal of	ffice of the Limited	f Liability Company is:	
:	Principal Office Address:		Mailing Address:	
715 Willowh	ead Drive	715	Willowhead Drive	
	44.8.3			
	red Agent, Registered Office, &	& Registered Age	nt's Signature:	2023 FEB
ARTICLE III - Registe (The Limited Liability Coanother business entity v	red Agent, Registered Office, &	& Registered Agent. Registered Agent. n.) agent are:	nt's Signature:	0
ARTICLE III - Registe (The Limited Liability Coanother business entity v	red Agent, Registered Office, of company cannot serve as its own with an active Florida registration a street address of the registered	& Registered Agent. Registered Agent. n.) agent are:	nt's Signature: You must designate an individual or	
ARTICLE III - Registe (The Limited Liability Coanother business entity v	red Agent, Registered Office, a company cannot serve as its own with an active Florida registration a street address of the registered WWMR Statutory Agents Strada Stell Course	& Registered Agent. Registered Agent. n.) agent are: gent, LLC Name	nt's Signature: You must designate an individual or ARRY CESTARY	10 PM12: 1
ARTICLE III - Registe (The Limited Liability Coanother business entity v	red Agent, Registered Office, of company cannot serve as its own with an active Florida registration a street address of the registered WWMR Statutory Agents 1981	& Registered Agent. Registered Agent. n.) agent are: gent, LLC Name	nt's Signature: You must designate an individual or ARRY CESTARY	10 PM12: 1
ARTICLE III - Registe (The Limited Liability Coanother business entity v	red Agent, Registered Office, a company cannot serve as its own with an active Florida registration a street address of the registered WWMR Statutory Agents Strada Stell Course	& Registered Agent. Registered Agent. n.) agent are: gent, LLC Name	nt's Signature: You must designate an individual or ARRY CESTARY	10 PM12: 1

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Deborah Howard 715 Willowhead Drive Naples, FL 34103 Daniel Howard MGR 715 Willowhead Drive Naples, FL 34103 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (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. Any and all lawful business. REQUIRED SIGNATURE: Significative of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

constitutes a third degree felony as provided for in s.817.155, F.S.

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Deborah Howard