Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H24000291406 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113 : (215)977-9386

Fax Number

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

Email	Address:		

FLORIDA LIMITED LIABILITY CO.

D+G Luxury Homes II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D+G Luxury Homes II, 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:

 7901 4th St N STE 300
 7901 4th St N STE 300

 St. Petersburg, FL 33702
 St. Petersburg, FL 33702

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:

Registered Agents Inc
Name

7901 4th St N STE 300

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

St. Petersburg FL 33702

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..

David Coverts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H240002914063)))

SEUNC DANY OF STATE

To:

(((H24000291406 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Gloria Faust 7901 4th St N STE 300 St. Petersburg, FL 33702
(Use attachment if necessary)	
(If an effective date is listed, the date must be a the date of filing.)	the of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

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.

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 5.00 Certificate of Status (Optional)