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Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

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****285.00 ****285.00

CORPORATION(S) NAME

Dirigiste Deux LLC

99 FEB -8 PM 3:43

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DIVISION OF CORPORATIONS

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Limited Liability Company

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

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☐ Call if Problem

☐ After 4:30

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DIVISION OF CORPORATION

99 FEB -8 PM 2:18

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is Dirigiste Deux LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 8729 LaPalma Lane, Naples, Florida 34109.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be until December 31, 2035.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name and address of the managing member is Thomas K. DeNomme, 8729 LaPalma Lane, Naples, Florida 34109.


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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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The undersigned member or authorized representative of a member of Dirigiste Deux LLC
deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 500
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 500
This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.

In accordance with Section 608.408(3), Florida Statutes, the execution of
this affidavit constitutes an affirmation under the penalties of perjury that
the facts stated herein are true.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

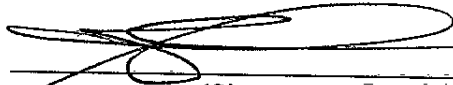
1. The name of the limited liability company is Dirigiste Deux LLC.


2. The name and address of the registered agent and office is:

Thomas K. DeNomme
8729 LaPalma Lane
Naples, Florida 34109

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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.


(Signature)


(Date)

Filing Fee: \$35 for Designation of Registered Agent