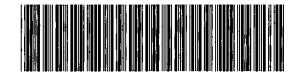
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JAN - 6 2009

**EXAMINER** 

#### COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: DP Investment Prop	erties, LLC Limited Liability Company)
The enclosed "Application by Foreign Limited	d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited
Please return all correspondence concerning the	his matter to the following:
Annette Poppleton	
	(Name of Person)
DP Investment Prop	perties
(Firm/Company)	
277 Indian Point Cir	Cle (Address) TALLARY SECRETARY SECRETARY
	(Address)
Kissimmee, FL 3474	mo p
(Cit	ty/State and Zip Code)
For further information concerning this matter	527
Annette Poppleton	at ( 407 ) 709-5471
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sumsymbol{\sumsymbol{Z}}\$125.00 Filing Fee \$\sumsymbol{\sumsymbol{Z}}\$130.00 Filing Fe Certification for the following amount:  \$\sumsymbol{\sumsymbol{Z}}\$125.00 Filing Fee Certification for the following amount:  \$\sumsymbol{\sumsymbol{Z}}\$125.00 Filing Fee Certification for the following amount:  \$\sumsymbol{\sumsymbol{Z}}\$125.00 Filing Fee Certification for the following amount:	

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	DP Investment Properties, LLC
٠٠.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability npany," "L.L.C.," "LLC.")
<b></b>	Nevada 3. 26-3703511
(, ¢	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)
4.	10/14/2008  (Date of Organization)  5. (Duration: Year limited liability company will cease to exist or viperpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	277 Indian Point Circle
	Kissimmee, FL 34746
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here 🗸 💢 🔅
9.	The name and usual business addresses of the managing members or managers are as follows:
	Annette Poppleton 277 Indian Point Circle Kissimmee, FL 34746
	David Poppleton 277 Indian Point Circle Kissimmee, FL 34746
the j trans	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:  Real Estate Investing
-	Nature of business or purposes to be conducted or promoted in Florida:
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjury that the facts stated herein are true.)
	Typed or printed hame of signee

### CERTIFICATÉ 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
DP Investment Properties, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	SECRET TALLANI
Annette Poppleton	ASSE T
(Name)	PH.
277 Indian Point Circle Florida Street Address (P.O. Box NOT ACCEPTABLE)	2: 20 STATE LORIDA
Kissimmee, FL 34746 FL 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 608, Florida Statutes.

\$ 100 00 Filing Foe for An

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DP INVESTMENT PROPERTIES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 14, 2008, and is in good standing in this state.

SENT OF THE SENT O

Electronic Certificate
Certificate Number: C20081223-2339
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 23, 2008.

ROSS MILLER Secretary of State