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LAW OFFICE OF  
THEODORE K. EGNER

September 1, 2004

3067 EAST COMMERCIAL BLVD.  
FORT LAUDERDALE, FLORIDA 33308  
PHONE: (954) 491-8389  
FAX: (954) 351-9082

REAL PROPERTY LAW  
TRIAL PRACTICE  
ESTATES AND ESTATE PLANNING

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: DADSLAND L.L.C.

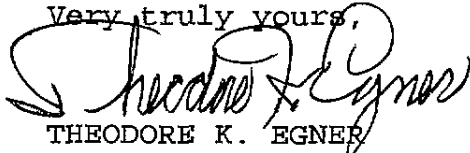
Gentlemen:

Enclosed are the Articles of Incorporation for DADSLAND L.L.C., a proposed new Florida Limited Liability Company. Also enclosed is my Trust Account check in the amount of \$125.00 for the basic filing fee and the designation of the registered agent.

Please file these Articles and assign a document number, and send me the acknowledgment letter, to my above address. Enclosed is a stamped, self-addressed envelope for your use in this regard.

Thank you for your help in this matter!

Very truly yours,



THEODORE K. EGNER  
TKE: jv  
Encls.  
Check Encls.

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dadsland L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theodore K. Egnor  
(Name of Person)

Attorney At Law  
(Firm/Company)

3067 East Commercial Blvd.  
(Address)

Fort Lauderdale, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Theodore K. Egnor, Esq. at 954, 491-8389  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Dadsland L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Apartment # 205  
823 Camargo Way  
Altamonte Springs, FL 32714

Mailing Address:

Apartment # 205  
823 Camargo Way  
Altamonte Springs, FL 32714

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Theodore K. Egnier

Name

3067 E. Commercial Blvd.

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

Fort Lauderdale, FLORIDA

City, State, and Zip

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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 as provided for in Chapter 608, Florida Statutes..*

Theodore K. Egnier

Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Victor Dea  
#205, 823 Camarao Way  
Altamonte Springs, FL 32714

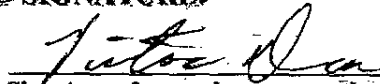
MGRM

Mabel Dea  
#205, 823 Camarao Way  
Altamonte Springs, FL 32714

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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

VICTOR DEA

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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