

LO2000000071

T.R. Clean

Requester's Name

6709 Mirror Lake Ave

Address

Tampa, FL 33634

City/State/Zip

Phone #

EFFECTIVE DATE  
1-2-02

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 800004740118---S  
-12/26/01--01106--018  
\*\*\*125.00 \*\*\*125.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

Name	
Availability	
Document Examiner	DCC
Updater	DCC
Number	DCC
Version	DCC
W. P. Verifier	DCC
CR2E031(7/97)	

Examiner's Initials

FILED  
01 DEC 26 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: DAZZLES, LLC

EFFECTIVE DATE  
1-2-02

## ARTICLE II - Address:

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

648 OAKFIELD DRIVE  
BRANDON FL 33511

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

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

KATHRYN A. TRACY

Name

648 OAKFIELD DRIVE

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

BRANDON FL 33511

City, State, and 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, F.S.*

*Kathryn A. Tracy*

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

Article V - EFFECTIVE DATE JANUARY 2, 2002  
(An additional article must be added if an effective date is requested)

*Kathryn A. Tracy*  
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.)

KATHRYN A. TRACY

Typed or printed name of signee

### 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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01 DEC 26 PM 3:32  
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TALLAHASSEE, FLORIDA