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,
(Requestor's Name)
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TRANSMITTAL LETTER

DIVIS	ion of Corporatio	112			
SUBJECT:	Dynar	nì C	MArKetin nited Liability Company)	a Conce	ets LLC
		(Name of Lin	nited Liability Company)	ر	,
The enclosed	Articles of Orga	nization and f	fee(s) are submitted for t	filing	

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

175 Del PrAdo Dr.
(Address)

Loute Vedra Fl-32082

03 JUL -2 PHI2:57

For further information concerning this matter, please call:

Name of Person) at (94/) 24/-1003
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Dynamic Marketing Concepts.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 175 DEL PrAdo DR Porte Vetre Pe 32082
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: DONGA ALEXANDER Name 175 DEL FAGO DR Florida street address (P.O. Box NOT acceptable) City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited
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

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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managin The name and address of each Manager of	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: Sonn A Alexander 175 Selfrado BR Ponte Vedra Ft. 32082
	SES JUL
(Use attachment if necessary)	added if an effective date is requested.
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	DA DA
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constitution)	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

Filing Fees:

Typed or printed name of signee

\$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)

that the facts stated herein are true.)