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(Reque	estor's Name)			
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(City/S	tate/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filin	ng Officer:			





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SECRETARY OF STATE
SHORE OF SERPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JEffrey Dickers. (Name of Limite	d Liability Company)
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all corresponde	nce concerning this matter to the following:
Jeffrey Dicke	Name of Person)
(Firm/Company)
-4938 99th W	IAY D
•	(Address)
- St. Petersburg,	FC 33708 /State and Zip Code)
For further information concerning this matter, please	cail:
JEffrey Niclesson	at ()(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 01 :8 W 8: 46

ARTICLES OF ÖRGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	<u>-</u>
Teffrey Dickerson, LLC	<u> </u>
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4938 99 th WAY D.	SAME
54. Peterslours, FC 33708	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registered. TEFFEY DICKES Name	ed agent are:
Florida street address (P.O. Box No.	Of JANA OF COMMISSION OF COMMI
St. Pictorsburg FL. City, State, and Zip	ORIDA 33708

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..

All 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:

<u>Title:</u> "MGR" = Manager		Name and Address:						
"MGRM" = Managin	ig Member		==					
MGR			Jeff 1938		JICKER DICKER	DAY C	<u>. </u>	
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(Use attachment if ne	ecessary)							

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.)

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 Cartificate of Status (Optional)

SECRETAINY OF STATE ON USINA DE CORPORATION