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PICK-UP	□ v	VAIT	MAIL		
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Certified Copies	_ Ce	ertificates c	of Status		
Special Instructions to	Filing Of	ficer:			
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LONGY DOLLAR, LLC (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:			
long Dollar (Name of Person)	_		
(Firm/Company)			
4139 WEST Wood DR.			
(Address)			
Holiday, FC 34691 (City/State and Zip Code)	_		
For further information concerning this matter, please call:	LIAT	1r 70	
Long Dollar at (727) 843-9504 (Area Code & Daytime Telephone Number)		JAN -5	
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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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Longy Dollar, 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:
4139 Westwood DR	Same
Holiday, FC 34691	
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere  LONG DOLLAR  Name  139 WEST WORLD Florida street address (P.O. Box No. 1980)	d agent are:
City, State, and Zip	ORIDA 34691

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOR	LODAY DOLLAR 4139 LUESTINGO DR 1toliday, FL 34691
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	70 P
(Use attachment if necessary)	
NOTE: An additional article mus	at be added if an effective date is requested.
REQUIRED SIGNATURE:	ž'''

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee