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TRANSMITTAL LETTER

SUBJECT:	RONNIE DODSON LLC	
	(Name of Limited Liability Company)	
	2 2	
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.	
	cles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	à S
	RONALD DODSON	•
_	(Name of Person)	30
	G. Carlotte and Car	000
	RONNIE DODSON LLC	20
	(Firm/Company)	*
	ACO LIQUI AND DOAD	
	160 HOLLAND ROAD	
	(Address)	
	ORMOND BEACH, FL 32176	
•	(City/State and Zip Code)	
For further inform	nation concerning this matter, please call:	
RONALD DODS	son _{at (} 386 ₎ 673-0311	
	(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

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

	OF ORGANIZATION FOR TED LIABILITY COMPANY my is: SON LLC
ARTICLE I - Name: The name of the Limited Liability Compan	ny is:
RONNIE DODS	SON LLC
ARTICLE II - Address: The mailing address and street address of the	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
160 HOLLAND ROAD	160 HOLLAND ROAD
ORMOND BEACH, FL 32176	ORMOND BEACH, FL 32176
ARTICLE III - Registered Agent, Regist The name and the Florida street address of	stered Office, & Registered Agent's Signature: f the registered agent are:
RONALI	LD DODSON
	Name
	AND ROAD ss (P.O. Box NOT acceptable)
ORMOND I	BEACH FLORIDA 32176 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, Florida Statutes...

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	ng Member(s): or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	KIN TO THE STORY
MGRM	RONALD DODSON 160 HOLLAND ROAD ORMOND BEACH, FL 32176	A CONDAY
		-
		- - 11 1.
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
(In accordance with section 608.	athorized representative of a member. 408(3), Florida Statutes, the execution ffirmation under the penalties of perjury te.)	•
	D DODSON nted 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)