

L04000058025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

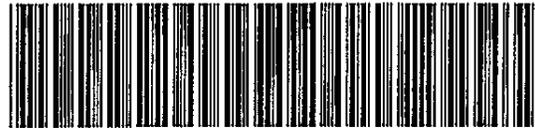
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/02/04--01016--014 \*\*160.00

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## **DIXON REAL ESTATE COMPANY, LLC**

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10502 Boyette Creek Blvd  
Riverview, FL 33569  
PH. 813-662-7481  
Fax: 813-662-7919

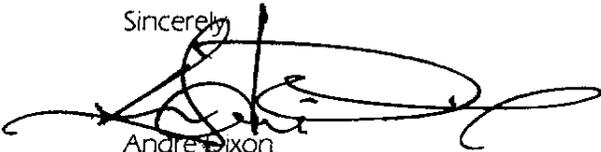
July 30, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To whom it may concern:

The following documents are: Articles of Organization for the above named LLC. Please acknowledge these documents as such.

Sincerely,



Andre Dixon  
Owner / Manager of Operations

04 AUG -2 AM 10:53  
BUREAU OF REVENUE  
TALLAHASSEE, FL

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dixon Real Estate Company, 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:

Andre D. Dixon  
(Name of Person)

Dixon Real Estate Company, LLC  
(Firm/Company)

10502 Boyette Creek Blvd  
(Address)

Riverview, Florida 33569  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andre Dixon at ( 813 ) 662-7481  
(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

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Division of Corporations

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Dixon Real Estate Company, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10502 Boyette Creek Blvd

Riverview, Florida 33569

**Mailing Address:**

PO Box 1513

Riverview, Florida 33569-1513

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

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

Andre D. Dixon

Name

10502 Boyette Creek Blvd.

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

Riverview, FLORIDA 33569

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, Florida Statutes..*

  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Andre D. Dixon

10502 Boyette Creek Blvd.

Riverview, Florida 33569

MGR

Anita R. Dixon

10502 Boyette Creek Blvd

Riverview, Florida 33569

MGR

Henry L. Dixon

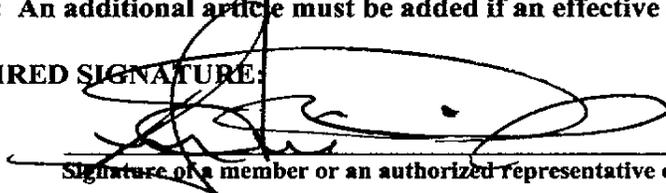
8324 Allamanda Ave

Tampa, Florida 33619-7414

(Use attachment if necessary)

**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.)

Andre D. Dixon

Typed or printed name of signee

04 AUG -2 2:10:54  
CERTIFICATE OF STATUS

**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)**