

W04000061479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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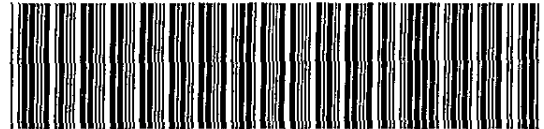
(Business Entity Name)

(Document Number)

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W04-61479
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Do Drop Inn Too, 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:

Gary Saling
(Name of Person)

(Firm/Company)

2053 Academy Ct
(Address)

New Port Richey FL 34655
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Saling
(Name of Person)

at (727) 372-8317
(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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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Do Drop Inn Too, LLC

ARTICLE II - Address:

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

Principal Office Address:

2053 Academy Ct
New Port Richey, FL 34655

Mailing Address:

2053 Academy Ct
New Port Richey, FL 34655

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

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

Gary L Saling
Name

2053 Academy Ct
Florida street address (P.O. Box **NOT** acceptable)

New Port Richey FLORIDA 34655
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.

Gary L Saling
Registered Agent's Signature

CLERK OF STATE
TALLAHASSEE, FLORIDA
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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:

MGRM

Gary L Saling
2053 Academy Ct
New Port Richey, FL 34655

MGRM

Louise A. Christie
4333 Crestwood Blvd
New Port Richey, FL 34653

MGRM

Carmela L Saling
2053 Academy Ct
New Port Richey, FL 34655

MGRM

Richard Christie
4333 Crestwood Blvd
New Port Richey, FL 34653

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Gary L Saling
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.)

Gary L Saling
Typed or printed name of signer

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA