## L05000010877

(Re	questor's	Name)	· ·			
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	□w	AIT	MAIL			
(Business Entity Name)						
(Do	cument N	umber)				
Certified Copies Certificates of Status						
Special Instructions to I	Filing Offic	er:				
Name Avaliability						
Dogument Examiner	Du					
Updater	Office	Jse Only				
Updater Veritys/	E0 <b>0</b>					
Acknowledgement	DCC					
W. P. Voliyer	DCC					



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## TRANSMITTAL LETTER

TO:	Registration S Division of Co							
SUBJE	СТ: <u>Т</u>	Dalve	Olxie (Name of Limite	LLC ed Liability Compar	)y)			
The end	losed Articles	of Organizatio	on and fee(s) are s	submitted for filing.				
Please r	eturn all corres	pondence cor	ncerning this matte	er to the following:				
		PATRIC	k w. O	Name of Person)	<del></del>			
		Murra	by Doyle +	Wigle P. A. Firm/Company)	4			
				(Address)				
				FL 32 /State and Zip Code)				
For furti	ner information	concerning t	his matter, please	call:				
PA	Name (Name	. DOYL	£	at ( <u>40 7</u> ) (Area Code o	644 - & Daytime Tele	9801 ephone Numb	er)	
Enclose	d is a check fo	or the follow	ing amount:					
\$125.	00 Filing Fee		00 Filing Fee & e of Status	S155.00 Fili Certified Copy (additional copy is		Certificate Certified	Filing Fee, of Status & Chapy	-
	Regis Divisi 409 E	CET ADDRE tration Section on of Corpor . Gaines Stre tassee, Florid	n ations et	Re Di P.	AILING AD egistration Sec ivision of Cor O. Box 6327 allahassee, Flo	porations porations prida 32314	JANZU A 751	Section 1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
I Drive Dixie, LLC						
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
Oncando, FL 32814	0KLAWDO, FL 32814					
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:					
The name and the Florida street address of the re	egistered agent are:					
Jeffrey M. Name	Ercher					
4357 Virgi	ress (P.O. Box NOT acceptable)					
ONCATIVO City State o	FL 32814 nd Zip					
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of ali rformance of my duties, and I am Jamiliar with and stered agent as provided for in Chapter 668 F.S.					

Page 1 of 2

(CONTINUED)

## 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 MGRM Teffrey M. Eichen. 4357 Virginia Dave. Onumes, fu 32814 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

Signature of a number 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.)

TEFFREY M. EICHER
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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