

L05000013397

2005 FEB -1 P 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

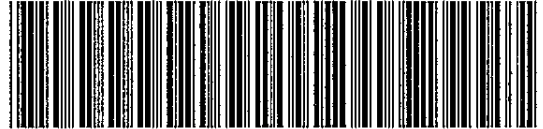
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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Wayne Dixon LLC
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Dixon
(Name of Person)

Wayne Dixon, LLC
(Firm/Company)

27340 Popiel Rd
(Address)

Brooksville FL 34602
(City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Dixon at 352-279-6886
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Article I: The name of the limited liability company is:

Wayne Dixon, LLC

Article II: The principal mailing address and street address is:

27340 Popiel Rd.
Brooksville, FL 34602

Article III: The name and Florida street address of the limited liability company's registered agent is:

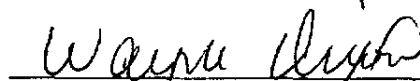
Wayne Dixon
27340 Popiel Rd.
Brooksville, FL 34602

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, F.S.


Wayne Dixon

Article IV: Wayne Dixon MGR
27340 Popiel Rd.
Brooksville, FL 34602

I, Wayne Dixon, affirm that the facts stated herein are true.


Wayne Dixon, Manager

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TALLAHASSEE, FLORIDA