L0500042878

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	» #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700051507537

04/27/05--01041--019 **160.00

2005 APR 27 PM 1: 03

TRANSMITTAL LETTER

Division of Cor				
SUBJECT: EXOTIC	WOOD DASH L.L.C			
	(Name of Limited	Liability Comp	oany)	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for film	ıg.	
Please return all correspo	ondence concerning this matte	r to the followin	g:	
PIERRE	ELKHOURI			
	4)	Vame of Person)		
EXOTIC WOOD DAS	SH			MINE ON OF CORPORATION OF A PRINCE OR OF THE ORIGINAL PRINCE OR OF THE
	(I)	Firm/Company)		5500 PK
5830 CREE!	K STATION DRIVE			PORPT. 1: 03
		(Address)		
PENS	ACOLA, FL 32504			
	(City/	State and Zip Cod	e)	
For further information of	concerning this matter, please	call:		·
PIERRE ELKHOUR!		at (850	471 1490	
(Name	of Person)		de & Daytime Te	elephone Number)
Enclosed is a check for	r the following amount:			
☐ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	S155.00 F Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio	ET ADDRESS: ration Section on of Corporations Gaines Street		MAILING A Registration S Division of Co P.O. Box 632	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:** The name of the Limited Liability Company is: EXOTIC WOOD DASH L.L.C ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: **Mailing Address:** 5830 CREEK STATION DR 5830 CREEK STATION DR PENSACOLA, FL 32504 PENSACOLA, FL 32504 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: PIERRE ELKHOURI Name 5830 CREEK STATION DRIVE Florida street address (P.O. Box NOT acceptable) PENSACOLA, FL 32504 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

(CONTINUED)

Registered Agent/s Signature

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

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:
	0 2
MGRM	PIERRE ETKHOURI 5830 CLEEK STATION DR PENSAMLA, FL 32504
	22 22
	Zigi Ara
	HAS
	SEE
	TERA D
· · ·	REDE
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
4	leg
Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	tes an affirmation under the penalties of perjury

PIERRE ELKHOURI

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)