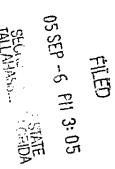
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(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone #	)		
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(Bu	siness Entity Name	)		
(Do	cument Number)			
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The Oldsmar Monitor LLC (Name of Limite	ed Liability Com	npany)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for fil	ing.	
Please return all correspondence concerning this matter	er to the followi	ng:	
Joliette Dodd			
	Name of Person)		· · · ·
	20: 10	,	
(	Firm/Company)		05.0
455 Marlborough Street	(Address)		<u> </u>
	(Address)		3
Oldonov Florido 24677			5.34 °
Oldsmar, Florida 34677 (City.	/State and Zip Co	ide)	
	•	,	
For further information concerning this matter, please	call:		
Inlintte Dedd	040	、855-2175	
Joliette Dodd (Name of Person)	at ( 813 (Area C	ode & Daytime Te	lephone Number)
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\text{Certificate of Status}\$	Certified Co		S160.00 Filing Fee, Certificate of Status &
	(additional cop	by is enclosed)	Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING AI	nndecs.
Registration Section		Registration Se	
Division of Corporations		Division of Co	rporations
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, F	
1 41141143500, 1 101144 52577		1 611(11)(10)(0), 1	****** ~ M~ 1 !

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
The Oldsmar Monitor, LLC	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
455 Marlborough Street	455 Mariborough Street
Suite B	Suite B
Oldsmar, Florida 34677	Oldsmar, Florida 34677
The name and the Florida street address of Joliette Dodd	
	Name Brit
455 Marlborough Stree	t, Suite B
Florida s	treet address (P.O. Box NOT acceptable)
Oldsmar,	FL 34677
City	, State, and Zip
liability company at the place designa registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
_ Joliette	Sodd
Registered	Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Joliette Dodd MGR	29785 Seacol Street	:
	Clearwater, Florida 33761	į
		;
		į
		:
(Use attachment if necessary)	95	į
,	be added if an effective date is requested.	祖田
REQUIRED SIGNATURE:	<u> </u>	
Jola	be added if an effective date is requested.  The standard of a member.	: K
ŭ	tion 608 408(3). Florida Statutes, the execution	į

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Joliette Dodd

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee