# L05000/1220

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· 2005 HOV 15 P 4: 12



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2005 NOV 16 P = 12

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November 15, 2005

FLORIDA DEPARTMENT OF STATE Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RE: DOMINO DEVELOPMENT, LLC

Please file the enclosed Articles of Organization for the company named above, and forward a **certified copy** of the Articles to the letterhead address. Please process this request on an **Expedited Basis**.

Also enclosed is a check payable to Florida Department of State in the amount of \$155.00 to cover all costs associated with this request, and a Federal Express air bill for you use. Also please attach a statement of all your charges.

Do not hesitate to contact me with any questions.

Sincerely,

Veronica Cruz

#### **COVER LETTER**

### FILED

TO:

Registration Section Division of Corporations

2005 NOV 16 P 4: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: DOMINO DEVELOPMENT, 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: Veronica Cruz (Name of Person) Allen Corporation Supply (Firm/Company) 10440 Pioneer Blvd., Suite 8 (Address) Santa Fe Springs, CA 90670 (City/State and Zip Code) For further information concerning this matter, please call: Veronica Cruz (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\bigsim \\$125.00 \text{ Filing Fee } \bigsim \\$130.00 \text{ Filing Fee & **✓** \$155.00 Filing Fee & \$160.00 Filing Fee,

**Mailing Address** 

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status &

Certified Copy (additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAND

ARTICLE I - Name:		2005 NOV 16 P 4: 12
The name of the Limited Liability Compa	my is:	SFORE TELES
		SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOMINO DEVEL		
(Must end with the words "Limited Liability Company,	"Limited Company" or their a	bbreviation "LLC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of	the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Addre	ess:
9301 Oma Place		
Garden Grove, CA 92841		
The name and the Florida street address of NRAI S	f the registered agent as services, Inc.	re:
F-2494-3494-3494-4-4-4-4-4-4-4-4-4-4-4-4-4-	Name	<del></del>
2731 Executiv	ve Park Drive, Suite 4	
Florida str	reet address (P.O. Box NOT	acceptable)
Westo	n, <sub>FL</sub> 33331	
City,	State, and Zip	
Having been named as registered agent as liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position a	ed in this certificate, I he apacity. I further agree lete performance of my c	ereby accept the appointment as to comply with the provisions of all luties, and I am familiar with and
Registered Agent's	Signature (REQUIRED)	<del></del>

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:	2005 NOV 16 P
"MGR" = Manager		100 HOLE P
"MGRM" = Managing Member		SECRETARY OF TALLAHASSEE, FL
Managar	Damia Winkar	MLLAHASSEE, FL
Manager	Dennis Wisher 9301 Oma Place	<del></del>
	Garden Grove, CA 92841	<u></u>
	Galdell Glove, CA 92841	
·		
		· <u></u>
		<u></u>
Use attachment if necessary)  LE V: Effective date, if other than fective date is listed, the date my		. (OPTIONA
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