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COVER LETTER

	ration Section on of Corporations			
SUBJECT:	DALE ALLEN (LLC) (Name of Limited Liability Company)			
The enclosed A	rticles of Organization and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	DALE ALLEN (Name of Person)			
	DALE Allen (LLC)			
(Firm/Company)				
	921 Diamond Acres RD			
	Davenport FL 33837 (City/State and Zip Code)			
	(City/State and Zip Code)			
For further infor	rmation concerning this matter, please call:			
Dale	(Name of Person) at (863) 557-8744 (Area Code & Daytime Telephone Number)			
Enclosed is a c	check for the following amount:			
\$125.00 Filin	ng Fee \$\int \\$130.00\$ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\int \\$155.00\$ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	8806			
DAIE AILEN "LLC" (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE H - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
921 DIAMOND ACRES Rd DAVENPORT FL 33837	921 Diamond Acres rd DAVENPORT FL 33837			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are: Summer k Lohr Name				
Plorida street address (P.O. Box NOT acceptable) Daven port FL 33837 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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Dale Allen 921 Diamond Acres RD DAVENPORT FL 33837
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be	e date of filing: $8-8-06$. (OPTIONAL) be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a memb	le allow er or an authorized representative of a member.
(In accordance with so	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)

Dale Allew
Typed or printed name of signee