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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

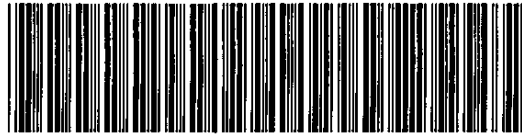
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dos Grandes 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:

Thomas Sanderson

(Name of Person)

Dos Grandes LLC.

(Firm/Company)

1440 Druid Rd. east

(Address)

Clearwater, Fl. 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Sanderson

(Name of Person)

at ( 727 ) 254 - 3262

(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)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

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

FAX AUDIT # \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
Dos Grandes LLC.**

**ARTICLE I            NAME**

The name of the limited liability company shall be: **Dos Grandes LLC.**

**ARTICLE II            PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 1440 Druid Rd. east , Clearwater, Florida 33756.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Thomas Sanderson, 1440 Druid Rd. east , Clearwater, Florida 33756. Located in the County of Pinellas.

**ARTICLE IV            DURATION**

The duration for the limited liability company shall be: 12/31/2046.

**ARTICLE V            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Thomas Sanderson, 1440 Druid Rd. east , Clearwater, Florida 33756  
Jason Minauro, 320 East Martin Luther King Blvd. , Tarpon Springs, Florida 34698



Thomas Sanderson, Organizer  
1440 Druid Rd. east , Clearwater, Florida 33756  
(727) 254 - 3262

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FAX AUDIT # \_\_\_\_\_

FAX AUDIT # \_\_\_\_\_


CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **Dos Grandes LLC.**

The name and address of the registered agent and office is Thomas Sanderson, 1440  
Druid Rd. east , Clearwater, Florida 33756. Located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above  
stated 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.

Signature:   
Thomas Sanderson

Date: 11.13.06

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