

L07000022367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

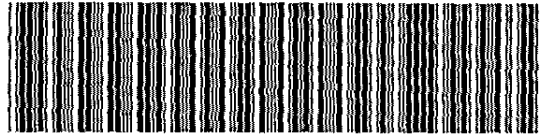
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800089259528

02/27/07--01038--017 \*\*125.00

FILED  
07 FEB 27 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 28 2007

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Myia Dodson, 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:

Myia Dodson

(Name of Person)

Myia Dodson, LLC

(Firm/Company)

296 SW Bridgeport Dr

(Address)

Port St. Lucie, FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

Myia Dodson

(Name of Person)

at ( 772 ) 626-1870

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Myia Dodson, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

Myia Dodson, LLC

296 SW Bridgeport Dr.

Port St. Lucie, FL 34953

**Mailing Address:**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Myia Dodson

Name

296 SW Bridgeport Dr.

Florida street address (P.O. Box NOT acceptable)

Port St. Lucie

FLORIDA 34953

City, State, and Zip

FILED  
07 FEB 27 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, Florida Statutes..*

  
Registered Agent's Signature

**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:**

MGR

Myia Dodson

296 SW Bridgeport Dr.

Port St. Lucie, FL 34953

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

*Myia Dodson*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Myia Dodson

Typed or printed name of signee



Cynthia McMullen  
My Commission DD266467  
Expires November 12, 2007

FILED  
07 FEB 27 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)