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COVER LETTER

TO:	Registration S Division of C			
SUBJI	CT: Dignifie	d Motorcycle Escort Servi	ce, LLC	
			ed Liability Company)	
The ca	closed Articles	of Organization and fee(s) are s	submitted for filing.	
Please	return all corres	spondence concerning this matt	er to the following:	•
	F. Perry Odo			
			(Name of Person)	·
	Attorney at L			
			(Firm/Company)	
	3014 Windso	or Way		
			(Address)	,
	Tallahassee,	FL 32312		
		(City	//State and Zip Code)	
For fur	th er in formation	concerning this matter, please	call:	
F. Perry	/ Odom	·	at (850) 385-8558	
	(Nam	e of Person)	(Area Code & Daytime T	clephone Number)
Enclos	ed is a check f	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dignified Motorcycle Escort Service, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3014 Windsor Way Tallahassee, FL 32312	3014 Windsor Way Tallahassee, FL 32312
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
F. Perry Odom	07 SEC TALI
Name	FIL 07 JUN -5 SECRETAR ALLAHASS
3014 Windsor Way	-2 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1
Florida street addr	ess (P.O. Box NOT acceptable)
Tallahassee, FL 32312	FL 5
City, State, ar	FL ad Zip
Having been named as registered agent and to a liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

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

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:
MGRM	F. Perry Odom
	3014 Windsor Way
· .	Tallahassee, FL 32312
MGRM	Martha C. Odom
<u> </u>	3014 Windsor Way
	Tallahassee, FL 32312
· · · · · · · · · · · · · · · · · · ·	
Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	the date of filing:
LE V: Effective date, if other than lective date is listed, the date must	the date of filing: (OPTIC st be specific and cannot be more than five business
LE V: Effective date, if other than lective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five business $\frac{1}{2} \frac{S}{S} = \frac{1}{2} S$
LE V: Effective date, if other than lective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five business $\frac{1}{2} \frac{S}{S} = \frac{1}{2} S$
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LE V: Effective date, if other than lective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a meaning of this document of this document of the date.	st be specific and cannot be more than five business $\frac{1}{2} \frac{S}{S} = \frac{1}{2} S$
LE V: Effective date, if other than lective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a meaning of this document of this document of the date.	mber or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury atted herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)