## 407000061196

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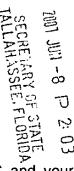
## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2007

MICHELLE MCCONNELL 3120 WOOD PATH CT. KISSIMMEE, FL 34746

SUBJECT: OLIVIER ENTERPRISE LLC

Ref. Number: W07000025744



We have received your document for OLIVIER ENTERPRISE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 707A00037151

## **COVER LETTER**

Division of Corporations			
SUBJECT: Olivier Enterprise 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:			
Michelle MC(onnoll (Name of Person)			
LPS. LLC			
(Firm/Company)			
3120 Wood Path Ct			
Vissimmee FL 34746 D			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (407) 401 4307 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\$160.00 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:

DIME	r Enterpr	ise LL	•
(Must end with the words	"Limited Liability Company, "Limite	d Company" or their abbreviation	"LLC," or "L.C.,")
ARTICLE II - Add The mailing address	dress: s and street address of the pr	incipal office of the Limit	ed Liability Company is:
Principal Office Address:		Mailing Address:	
<u> 3190 M</u>	Dood tata Ct	PO BOX 819	8
Kasimne	2FC 34746	Intercession FL 3384	C144 8-0818
(The Limited Liability Co	egistered Agent, Registered mpany cannot serve as its own Regist ctive Florida registration.)	Office, & Registered Agered Agent. You must designate as	n individual of another
The name and the Florida street address of the re		egistered agent are:	II.A.
	P. Michelle 1	1C Connell	8 - 8 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -
	Name		¬¬¬¬ U ==
	3120 Wood	Path Ct	2: 03
	Florida street add	ress (P.O. Box NOT acceptabl	e) 🗹 🐪 🕠
	Kasimnae	FL 34746	
	City, State, a	nd 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

The name and address of each Mana	iger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOR	P. Michelle McConnell PO BOX 878 Intercession City FL 33848-0878
MGR	Daniel Oguendo PD Box 818 Intercession City FL 33848-0878
(Use attachment if necessary)	· .
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must less or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	P 2: 03
-	ection 608.408(3), Florida Statutes, the execution
of this document cons that the facts stated	stitutes an affirmation under the penalties of perjury

M'CLEW MCConnell
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)