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(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:	7
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT: <u>Da</u>	ndelion Imperative LLC (Name of Limit	ed Liability Company)		
The enc	closed Articles of	f Organization and fee(s) are	submitted for filing.		
Please r	return all corresp	oondence concerning this matt	er to the following:		
-	Thomas F	Randall Madden			
			(Name of Person)		
_					••
			(Firm/Company)		
	6470 S	W 80th Ave.		07 A SEC ALL	•
-			(Address)	AHA HAHA	- 1
	Trantor	n, FL 32693		-2 ARY NSSE	Trans
	Hemoi		y/State and Zip Code)		- [
For furt	her information	concerning this matter, please	e call:	H 1:39 F STATE FLORIDA	
T	homas Randa		at (352)463.9383		
	(Name	e of Person)	(Area Code & Daytime Telepho	ne Number)	
Enclos	ed is a check f	or the following amount:			
9\$125. (00 Filing Fee	\$\$130.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed)	60.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/CourierAddress Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	- ·· ·	mpany is:	
	,		
Dande	lion Imperative LL	LC .	
(Mu	st end with the words "L	imited Liability Company, "L.L.C.," or "LLC.	")
ARTICLE II - Ad	dress:		
The mailing address	s and street address	s of the principal office of the Limi	ted Liability Company is:
Principal Office A	ddress:	Mailing Address:	
6470 SW 80th Ave Trenton, FL 3269		6470 SW 80th Ave. Trenton, FL 32693	
(The Limited Liability Co business entity with an a	impany cannot serve as it octive Florida registration	Registered Office, & Registered A ts own Registered Agent. You must designate a.) ess of the registered agent are:	an individual branche -2
	Thomas Ran	ndall Madden	
		Name	STATE LORIDA
	6470 SW 80	Oth Ave.	ADA 39
	Florio	da street address (P.O. Box NOT acceptab	de)
	Trenton,	FL 32693	
	. (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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Joan Adele Madden 6470 SW 80th Ave. Trenton, FL 32693 **MGRM** Thomas Randall Madden 6470 SW 80th Ave. Trenton, FL 32693 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** member or an authorized representative of a member. Signature of (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.) Joan Adele Madden Typed or printed name of signee Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

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