# 107M0109828

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, , , , , , , , , , , , , , , , , , , ,				
PICK-UP WAIT MAIL				
(D)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Openal instructions to I limb officer.				
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SECRETARY OF STATE
TALLAHASSEE, FLORIGA

# **COVER LETTER**

, TO:	Registration Section Division of Corporations		
SUBJI	FCT. DANA'S ESCORT SE	RVICE LLC	
SUBJ		mited Liability Company)	<del> </del>
Th	alond Assistant Committee and Co.(A)	and the state of Control of Control	
	aclosed Articles of Organization and fee(s)	-	
Please	return all correspondence concerning this r	natter to the following:	
	DANA VANETTEN		
		(Name of Person)	
			07 SE TALL
		(Firm/Company)	OCT OCT
	249 SE CR 475		29 1SSE 1SSE
		(Address)	PH 2: FLOR
	BRANFORD, FL 32008		2: ( 2: ( 2: ( 2: (
		(City/State and Zip Code)	A
For fur	ther information concerning this matter, pla	ease call:	
MAT	TT VANETTEN	at ( 386 ) 867-3347	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
Enclos	sed is a check for the following amount	:	
<b>□</b> \$125.	.00 Filing Fee Status  Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	.00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301	

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Name of Resulting	SCOT + S	Bervice			
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.			,		
Please return all correspondence concerning	g this matter to:				
Contact Person)  Contact Person)  Contact Person)  Contact Person)  ESCOA  (Firm/Company)  Address)  Contact Person  (Firm/Company)  (Address)  Contact Person  (Firm/Company)  (Address)  Contact Person  (Firm/Company)  (Address)	Service	1	070CT29 PH 2. C.		
For further information concerning this ma	tter, please call:				
(Name of Contact Person)	at (380 ) 8 (Area Code and D	Daytime Telephone Number)			
Enclosed is a check for the following amount:					
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$ \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registration	Corporations 327			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
Must end with the words "Limited Liability Company," the "LLC.")	abbreviation "L.L.C.," or the designation			
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	principal office of the Limited			
Principal Office Address:	Mailing Address:			
249 Se OF 475 Branford F1 32008	249 Se Cr 475 Branford Fl			
Branforo	e registered agent are:			
Having been named as registered agent and	to accept service of process for the			

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

# 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 MGRM" = Manager "MGRM" = Mana

(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.)

- 17 ) MOUS

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 perfury that the facts stated herein are true.)

- 1 1

Typed or printed name of signed

Filing Fees:

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

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