(Request	tor's Name)			
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G. MCLEOD

JAN 1 7 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: THE	DEE LEE G (Name of Limited L		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of C	Organization and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter to	the following:	
Dr	ENNIS A .	ic of Person)	· · · · · · · · · · · · · · · · · · ·
	E DEE LEE (Firm	SCOUP n/Company)	····
39		BERLEIGH DRII	Æ
ω_{i}	NTER GARDEN (City/Sta	FLORIDA 347 te and Zip Code)	87
For further information co	ncerning this matter, please call	:	
DENNIS A. (Name of	LEE at ((Area Code & Daytime Tele	130 Q phone Number)
Enclosed is a check for \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1			
The name of the Limited Liability Company is:	·			
THE DEC. IEE	BOOD LLC.			
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")			
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:			
The par Once Address.	Maning Address.			
394 LAKE AMBERIEIGH DRIVE	394 LAKS AMBERLEIGH DRIVE			
WINTER GALDEN, FLURIDA	WINTER GARDEN FI			
34787	34787			
	OM 0 D 1 / 1 / 1 C1 /			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another				
business entity with an active Florida registration.)				
)			
The name and the Florida street address of the registered agent are:				
SARAH GONZ	MEZ-LEE =			
Name				
2011 1717	The state of the s			
	RLEIGH DRIVE			
·Florida street addi	ress (P.O. Box NOT acceptable)			
WINTER GALDEN	FL 34787			
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)

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:
	MGR.	SARAH GONTANEZ-LEE 394 LAKE AMBERLEIGH DRIVE WINTER GORDEN, FL 34787
	(Use attachment if necessary)	11
If an	CLE V: Effective date, if other than the da effective date is listed, the date must be spontaged days after the date of filing.)	te of filing: NA . (OPTIONAL) pecific and cannot be more than five business days prior
	REQUIRED SIGNATURE: Signature of a member of	rap authorized representative of a member.
	of this document constitut that the facts stated here	· · · · · · · · · · · · · · · · · · ·
		1 or printed name of signee

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)