# 108000000

(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:  L. SELLERS
FEB <b>2 7</b> 2008
EXAMINER
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## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	CT: THE D	OLLAR STORE	AND M	ORE	LLC	_	
50101		(Name of Limi			ny)		
The en	closed Articles o	f Organization and fee(s) are	e submitted	for filing.			
Please	return all corresp	ondence concerning this ma	itter to the f	ollowing:			
	DEBORAH	H A EASON					
			(Name of I	Person)			
	THE DOL	LAR STORE AND	O MOR	E LLC	;		
			(Firm/Con	npany)			
	463140 S	TATE RD 200 AIA	4				
			(Addre	ss)			
	YULEE	FLA	320	)97			
		(Ci	ity/State and	Zip Code)			
For fur	ther information	concerning this matter, pleas	se call:				
TON	IYA COLE		at ( 90	)4	759-4	729	)
	(Name	of Person)	(.	Area Code	& Daytime	Telej	phone Number)
Enclos	sed is a check fo	r the following amount:					
<b>□</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	00 Filing fied Cop ional copy	•		\$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	] ] (	Registratio Division o Clifton Bu 2661 Exec	f Corporat	tions ter Ci	rcle



January 28, 2008

DEBORAH A EASON 463140 STATE ROAD 200 A1A YULEE, FL 32097

SUBJECT: THE DOLLAR STORE AND MORE LLC

Ref. Number: W08000004411

We have received your document for THE DOLLAR STORE AND MORE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 24, 2008. Please amend your document accordingly.

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) 245-6984.

Letter Number: 608A00005667

Deborah Bruce Regulatory Specialist II

## COVER LETTER

	vision of Co				
SUBJECT:	The Do	ollar Store and Me	ore		
OCDOLC I.		(Name of Limi	ted Liability Company)		· · · · · · · · · · · · · · · · · · ·
The enclose	d Articles of	f Organization and fee(s) are	submitted for filing.		
Please return	n all corresp	ondence concerning this ma	tter to the following:		
De	borah A	. Eason			
	······································		(Name of Person)		
Th	e Dollar	Store & More			
<del></del>			(Firm/Company)		
46	3140 SF	R 200 A1A			
			(Address)		
Yu	lee Flor	ida 32097			
		(Ci	ty/State and Zip Code)		
For further i	nformation o	concerning this matter, pleas	e call:		
Tonya (	Cole		at ( 904 ) 75	59-4729	9
	(Name	of Person)	(Area Code & I	aytime Tele	phone Number)
Enclosed is	a check fo	r the following amount:			
<b>⊒\$</b> 125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is en		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Street/Courie Registration So Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center C	ircle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Dollar Store & More LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
463140 SR 200 A1A	P.O. Box 1812
Yulee, FL 32097	Yulee FL 32041
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results	red Agent. You must designate an individual or another
	Property about are.
Deborah A. Eason Name	
463140 SR 200 A1A	
Yulee	ess (P.O. Box <u>NOT</u> acceptable)  EI 32097
City, State, an	<u></u>
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	7018 FEB 22
(CONTINU 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:

"MGR" = Mar	19ger	Name and Address:	
	lanaging Member		
MGR		Deborah A Eason	
		PO Box 1812	
		Yulee FL 32041	
MGRM		Tonya Cole	
		152887 CR 108	
		Yulee FL 32097	
			<del></del>
(Use attachmen	nt if necessary)		
•	• /	a data of filings	NOTION A
CLE V: Effective	ve date, if other than the	e date of filing: ((	
CLE V: Effective	ve date, if other than the listed, the date must b	e date of filing: ((	
CLE V: Effective date is	ve date, if other than the listed, the date must b		
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CLE V: Effective frective date is days after the	ve date, if other than the listed, the date must be date of filing.)		
CLE V: Effective frective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	
CLE V: Effective frective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document constitute the facts stated in the list of the state of the facts stated in the list of the state of the	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	

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)