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SECRETARY OF STATE

T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Odnce Platinum Studio, 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:
Maria C. Cabrera (Name of Person)
Dance Platinum Studio, LLC (Firm/Company)
21411 SW 88 Avenue
Miomi, FL 33189 (City/State and Zip Code)
For further information concerning this matter, please call:
Emilio Cabrera at (305) 298-1890 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\begin{array}{c} \text{S125.00 Filing Fee} & \text{S130.00 Filing Fee} & \text{S155.00 Filing Fee} & \text{S160.00 Filing Ber} & \text{Certificate of Status} & \text{Certified Copy} & Certifie
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

The name of the Limit	ed Liability Company is	:
Dance	Platinum 9	Studio LLC ility Company, "L.L.C.," or "LLC.")
(Must e	nd with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address a		principal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:

Mana C.Cabrera	Maria C.Cabrera
21411 SW 880Ne	21411 SW 88 Ave.
21411 SW 88 ONC Cutter Boy, FL 33189	Cutter Boy, FL 33189
ARTICLE III - Registered Agent, Registered of the Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature red Agent. You must designate an individual of upoher

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Name

Name

21411 SW 88 Ave.

Florida street address (P.O. Box NOT acceptable)

Cutler Boy FL 33189

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)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCB.	Maria C. Cabrera 21411 sw 88 Ave. Cutler Boy FL 33189
MCBW	Emilio Cabrera 21411 SW 88 Ave. Cutler Boy, FL 33189
(Use attachment if necessary)	

REQUIRED SIGNATURE:

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 perjury that the facts stated herein are true.)

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)