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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. HAMPTON

OCT 24 2008

EXAMINER

COVER LETTER

10;	Negistration Section Division of Corporations
SUBJI	T. Domino Design Build LLC.
3000	(Name of Limited Liability Company)
The en	sed Articles of Organization and fee(s) are submitted for filing.
Please	urn all correspondence concerning this matter to the following:
	ndrew Van Vleet
	(Name of Person)
	Oomino Design Build LLC
	(Firm/Company)
	3122 Tifton Dr
	(Address)
	ampa, FL 33618
	(City/State and Zip Code)
For fu	er information concerning this matter, please call:
And	w Van Vleet _{at (_} 813447-0303
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	l is a check for the following amount:
□\$ 125	Filing Fee \$\sum \\$\sum \\\sum \\\ \sum \\sum \\\ \sum \\\ \sum \\\ \sum \\ \sum \\\ \sum \\\ \sum \\\ \sum
	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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
Domino Design Build LLC				
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.	")		-
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limi	ted Lia	bility (Company is:
Principal Office Address:	Mailing Address:			
13122 Tifton Dr.	13122 Tifon Dr			
Tampa, FL	Tampa, FL			
33618	33618			<u> </u>
business entity with an active Florida registration.) The name and the Florida street address of the re	gistered agent are:			
Andrew Jon Van Vlee	<u>t</u>			
Name				
13122 Tifton Dr				
Florida street addr	ess (P.O. Box <u>NOT</u> acceptal	ole)		
Tampa, FL 33618	FL			
City, State, an	id Zip			
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby ac I further agree to comp formance of my duties, a tered agent as provided f	cept the ly with nd I an	e appoi the pro I famili	ntment as visions of al ar with and
Registered Agent's Signatu (CONTINU Page 1 of 2	J ED)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	2008 OCT 23 A IO 12	FILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:		
MGR		Andrew Jon Van Vleet		
		13122 Tifton Dr		
		Tampa, FL 33618		
MGRM		Anisa Sue Back-Van Vleet		
		13122 Tifton Dr		
		Tampa, FL 33618		
	<u>-</u>			
•				
(Use attachmen LE V: Effective ffective date is l	e date, if other than the o	date of filing: specific and cannot be mo	re than five l	. (OPTIONA business day
LE V: Effective	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member	specific and cannot be more	re than five t	ousiness day
CLE V: Effective ffective date is less after the control of the co	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sect of this document constit that the facts stated he	or an authorized representative tion 608.408(3), Florida Statutes, an affirmation under the percerein are true.)	ve of a member, the execution	ousiness day
CLE V: Effective ffective date is less after the control of the co	e date, if other than the clisted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with sect of this document constit that the facts stated he Andrew Jon V.	or an authorized representative tion 608.408(3), Florida Statutes, autes an affirmation under the percerein are true.)	ve of a member, the execution	cusiness day
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