L08000111121

(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:

Office Use Only

500138145415

11/24/08--01004--023 **160.00

Effective Date 12/1/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -3 AM 9:50

T. HAMPTON

DEC - 4 2008

EXAMINER

W08-53125

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dixie Financial Services
(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:

Tamatha E. Thomas
(Name of Person)

Dixie Financial Services
(Firm/Company)

2710 Del Prado Blvd S. #2-245
(Address)

Cape Coral, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

Tamatha E. Thomas at (239) 458-2487
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 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 Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 DEC -3 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 25, 2008

TAMATHA E THOMAS
2710 DEL PRADO BLVD S
2-245
CAPE CORAL, FL 33904

SUBJECT: DIXIE FINANCIAL SERVICES, LLC
Ref. Number: W08000053175

We have received your document for DIXIE FINANCIAL SERVICES, LLC and your check(s) totaling $160.00. 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 November 24, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00058409

Effective Date 12/1/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Dixie Financial Services, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1702 SE 20th Lane
Cape Coral, FL 33990

Mailing Address:

2710 Del Prado Blvd S #2-245
Cape Coral, FL 33904

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:

Tamatha E. Thomas
Name

1702 SE 20th Lane
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33990
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..

Tamatha E. Thomas
Registered Agent's Signature (REQUIRED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -3 AM 9:51

(CONTINUED)

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

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	Richard Mulligan 1702 SE 20th Lane Cape Coral, FL 33990

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/01/08 . (OPTIONAL)
(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.)

REQUIRED SIGNATURE:

Tamatha E. Thomas
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.)

Tamatha E. Thomas
Typed 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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -3 AM 9:51