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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 2 1 2009

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TO DYE FOR, 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:		
Christina Meng		
(Name of Person)		
TO DYE FOR, LLC		
(Firm/Company)		
10225 Hwy 441 South		
(Address)		
Micanopy, FL 32667		
(City/State and Zip Code)		
(City/State and Zip Code)		
TO TO		
Christina Meng 352 262-1745		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum		
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

**ARTICLE I - Name:** 

The name of the Limited Liability Company i	is:
TO DYE FOR, LLC	
(Must end with the words "Limited Lia	bility 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:	Mailing Address:
10225 Hwy 441 South	10225 Hwy 441 South
Micanopy, FL 32667	Micanopy, FL 32667
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	P P
The name and the Florida street address of the	- <sup>-</sup> 二
Christina Meng	
Nan	ne
10225 Hwy 441 So	outh
Florida street a	address (P.O. Box NOT acceptable)
Micanopy, FL 3266	67 <sub>FL</sub>
City, State	e, 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: Title: "MGR" = Manager "MGRM" = Managing Member MGR Christina Meng 10225 Hwy 441 South Micanopy, FL 32667 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: (If an effective date is listed, the date must be specific and cannot be more than five busiless days prior.

## **REQUIRED SIGNATURE:**

to or 90 days after the date of filing.)

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.)

# Christina Meng

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)