# L09000065186

(Requestor's Name)  (Address)	000157385450		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	07/06/0901008009 **130.00		
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	THE FLORIDA SECRETARY OF STATE TACLEAR ASSEE: FLORIDA		

Office Use Only

C. LEWIS

JUL 7 2009

EXAMINER

# DINAL LANG SWICKEY \*\* 3818 W. EL PRADO BLVD. TAMPA, FL 33629 813-453-0905

July 2, 2009

Registration Section, Division of Corporations PO Bx 6327 Tallahassee, FL 32314

## To Whom it May Concern;

Please see attached application for organization of a Limited Liability Corporation, and accompanying check numbered 2178 in the amount of \$130.00.

If you have any questions regarding the application please give me a ring at the number on letterhead or email me at: <a href="mailto:dswickey@tampabay.rr.com">dswickey@tampabay.rr.com</a>

Sincerely,

Dinah L. Swickey

# **COVER LETTER**

	ion Section of Corporations				
SUBJECT:	COSTUME	ES BY DINAH LANG			
	Name of Limited	Liability Company			
The enclosed Artic	les of Organization and fee(s) are sul	bmitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:			
		ANG SWICKEY			
	N	ame of Person			
•		S BY DINAH LANG			
	F	irm/Company			
	3818 WEST EL PRADO BLVD.				
		Address			
		PA, FL 33629			
	·	State and Zip Code			
	E-mail address: (to be used for	@tampabay.rr.com future annual report notification)			
For further informa	tion concerning this matter, please co	ail:			
		at ( <u>813</u> ) <u>453-0905</u>			
N	ame of Pérson	Area Code & Daytime Telephone Number			
Enclosed is a chec	ck for the following amount:				
]\$125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	s:	
COSTUMES BY	DINAH LANG / / C.	
(Must end with the words "Limited Liab	oility Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited L	Liability Company is:
D : 100	** ***	
Principal Office Address:	Mailing Address:	
3818 WEST EL PRADO BLVD.	SAME	
TAMPA, FL 33629		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	ed Office, & Registered Agent	's Signature:
(The Limited Liability Company cannot serve as its own Reg	istered Agent. You must designate an indi-	vidual or another
- Cosmess entity with all active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
DINAH LANG	G SWICKEY	-6 ASS
Name	e	mg a m
3818 WEST EL	PRADO BLVD.	AMII: 03 E. FEORIDA
Florida street address (P.C		RE OS
TAMPA, FL 33629	FL.	Þ
City, State,		

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

FILED

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		2009 JUL -6 AM 11: 0
Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	SEGRETARY OF STAT TALLAHASSEE, FLORI
MGR	Dinah L. Swickey 3818 WEST EL PRADO BLVD TAMPA, FL 33629	
(Use attachment if necessary)	(Ee	
FICLE V: Effective date, if other n effective date is listed, the date 90 days after the date of filing.)	than the date of filing: $7 - 05 - 09$ e must be specific and cannot be more than five	(OPTIONAL) e business days prior
REQUIRED SIGNATURE:	<b>:</b>	
<u> </u>	Adulk a member or an authorized representative of a member	<del>oer.</del>
of this docum	the with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perstated herein are true.	n jury
	Dinah L. Swickey	
Filing Fees:	Typed or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)