# L09000118331

(Requestor's Name)	
(Address)	
(Address)	<del></del>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
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Office Use Only



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09 DEC 11 PH 2: 07

DIVISION OF CORPORATION

T. HAMPTON

DEC 1 4 2009

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dynastra 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:	
Arthur S. Freiberg	
Name of Person .	
Firm/Company	—
2900 N.E. 30th Street #5-K	
Address	
Fort Lauderdale, Florida 33306 Artsclassics @ a Ol. Com	
Arts classics & a OL. Com  E-mail address: (to be used for future annual report notification)	
•	
For further information concerning this matter, please call:	
Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing Address Street/Courier Address  Projection Section Projection Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

09 DEC 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 30, 2009

DYNASTRA, LLC 2900 NE 30TH ST # 5K FT LAUDERDALE, FL 33306

SUBJECT: DYNASTRA, LLC Ref. Number: L05000015192

We have received your document for DYNASTRA, LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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: 709A00036665

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

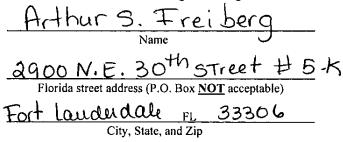
### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2900 N.E 30th Street	2900 N.E. 30th street
#5-K , , ,	#5-K
Fort. Lauderdale, FL 33306	Fort Landerdale, FL 33300

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:



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)

SECRETARY DESTAIL SIVISION OF CORPORATIONS

## 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	Name and Address:
"MGRM" = Managing Member	
MGR	Arthur S. Freiberg 2900 N.E 30th Street#5-K Fort Lauderdale, FL 33366
<del></del>	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the data an effective date is listed, the date must be so or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a member of	FreeBef or an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
ARTAUR	

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)

DIVISION OF CORPORATIONS