

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

G. MCLEOD

JAN 15 2010

EXAMINER



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100166079121 01/14/10--01014--026 **160.00

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: DIXIC	Name of Libi	uES AND Collectited Liability Company	ibles LLC	
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Eborah:	S. DAVIDSON Name of Person		
Dixie'	s Antiqu	ES AND Collection/Company	tibles LLC	
10100	PENSACOL	A Blud		
		Address - loRidA 30 ty/State and Zip Code	1534	
City/State and Zip Code ddavid Son OOL & DANNAndle RR COW E-mail address: (to be lised for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Deborah DA	Person	at (850) 944 - Area Code & Daytime Tele	9486 phone Number	
Enclosed is a check for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	nd Collectiobles LLC ability Company," "L.L.C.," or "LLC.")	<u>2</u>
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability	y Company is:
Principal Office Address:	Mailing Address:	·
10100 PENSACOLA Blud PENSACOLA, FLOREGA 32534	<u>s</u> ame	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)		
Nam 9320 Si (co x Florida street address (P.) Pensaco (A	DAVIDSON THE CLANCE O. Box NOT acceptable) FL 32526	SECRETARY OF STATE IVISION OF CORPORATIO
City, State,	, and Zip	2

Registered Agent's Signature (REQUIRED)

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..

(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:

. <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	DOBORAN S. DAVIDSON 9320 SILCOX LANC PENSACOLA, FL 32526			
MGR MM	Rodney L. Davidson 9320 Silcox LANE Densacola, FL 32526			
(Use attachment if necessary)				
RTICLE V: Effective date, if other than the date of filing: O2/O1/O . (OPTIONAL) fan effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)				
REQUIRED SIGNATURE:				
Signature of a member or	an authorized representative of a member.			
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)			
Deborah Typed	S. DAVICISON 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)