12000007051

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
/Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only

G. MCLEOD

JAN 2 0 2010

EXAMINER



100165254451

01/21/10--01002--003 **125.00

USE CONTROL OF CARBONATIONS
TALL THE SEFE FLORIDA

RECEIVED

10 JAN 20 PH 3: 23

I John Longver do not wish to reinstate Dixie Land Home Improvernous LLC, Decumend # L08000007276.

morn John Longiler

Hank Holdertson

COVER LETTER

TO:		on Section f Corporat	ions			
SUBJE	ect: D	ixiE	Land	HOME	Impri	ovement
				imited Liability C		
The en	closed Articl	es of Organ	ization and fee(s)	are submitted for	filing.	
Please	return all cor	respondenc	e concerning this	matter to the follo	owing:	
	50	hn.	Lonav	· Cr	on	
				Name of Person	on	
	Dixi	E La	nd Ho	me I	mprove	Ment LLC
•			7170-1	Address		t 9
	Tall	hass.	ec FL	32	3 <i>05</i>	
-				City/State and Zip	Code	
-		E-ma	nil address: (to be u	sed for future annua	report notification)	
For furt	her informat		ing this matter, pl		,	
_	,					
)hn	Long	ove/	at (850	528	7545 ephone Number
	Na	me of Persor	1	Area	Code & Daytime Tel	ephone Number
Exclose	ed is a checl	k for the fo	llowing amount	::		
[] \$125.0	00 Filing Fe	e	0.00 Filing Fee dificate of Status			\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Regis Divis P.O.	ng Address tration Section ion of Corporatio Box 6327 nassee, FL 32314	Regi ns Divi Clift 2661	et/Courier Address stration Section sion of Corporation on Building Executive Center ahassee, FL 32301	ns.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DixiE Land HomE (Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5191 Capital Cit SW Lot Tall FLa 32305	9 Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: lered Agent. You must designate an individual or another
The name and the Florida street address of the r	D.O
<u>30hr Loi</u> Name	cir sw
5191 Capital	cir sw
Florida street address (P.O.	Box NOT acceptable)
Tall F/A City, State, at	FL Ey w C
City, State, and	Box NOT acceptable) FL Ind Zip 32 305
Having been named as registered agent and to a	accept service of process for the above stated limited his 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

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Memb	Name and Address:
Marn		John Longver 5191 Capita cir SW LO Tall FL 32505
Mgrn	1	FRANK H. Robertson 2579 TINY LEAF Rd TALLAHASSEE, PlA. 32305
	<u></u>	<u> </u>
		
	nt if necessary)	
LE V: Effectiv fective date is l days after the	e date, if other this date, the date date of filing.) SIGNATURE: Signature of a	than the date of filing: (OPTION must be specific and cannot be more than five business date and the more than five business date and the more of a member of a member.
LE V: Effective date is leading after the	e date, if other this date date of filing.) SIGNATURE: Signature of a control of this documents.	than the date of filing: (OPTION must be specific and cannot be more than five business day.