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SECRETARY OF STATE TALLAHASSEE, FLORIDI

S. HAWKES
FEB 2 5 2010
EXAMINER

COVER LETTER

то:	Registration Division of C						
SHRII	ECT:	Во	bby I	Dodge	. LLC		
301001		Name of Limit					
The en	closed Articles	of Organization and fee(s) are	submitt	ted for fil	ing.		
Please	return all corres	pondence concerning this mat	ter to th	e followi	ng:		
		Ro		C. Dod	ge		
			Name	of Person	•		
	Firm/Company						
	552 N. University Drive						
	Address						
	Plantation, FL 33324 City/State and Zip Code						
		bobdod	ge@r	nindspr	ring.com		
For fur	ther information	E-mail address: (to be used concerning this matter, please		e annual re	eport notification	on)	
	Robe	rt C. Dodge	at (954)	609-8366	
	Name	of Person		Area Co	de & Daytime	Telephone Number	
Enclos	ed is a check f	or the following amount:					
]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified C	ling Fee & Copy opy 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		Registr Divisio Clifton 2661 E	Courier Adda ation Section on of Corporat Building xecutive Cent assee, FL 3230	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	10 FEB 7			
Bobby Dodge				
(Must end with the words "Limited Liabili	ty Company," "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Coppany is:			
Principal Office Address:	Mailing Address:			
552 N. University Drive Plantation, FL 33324	552 N. University Drive Plantation, FL 33324			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another			
Robert C. I	Dodge			
Name	20090			
- · · · · · · · · · · · · · · · · · · ·	552 N. University Drive			
Florida street address (P.O. Box <u>NOT</u> acceptable)				
Plantation, FL 33324	FL			
City, State, an	d Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			

Page 1 of 2 (CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Robert C. Dodge 552 N. University Drive Plantation, FL 33324 MGR Tia P. Dodge 552 N. University Drive Plantation, FL 33324 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) Robert C. Dodge 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)