## L10000045282

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J. BRYAN

APR 2 8 2009

**EXAMINER** 

## **COVER LETTER**

,TO:

**Registration Section** 

Division of C	Corporations		
SUBJECT: Dancin	g With Victoria, LLC	`	
		ited Liability Company	<del>, , , , , , , , , , , , , , , , , , , </del>
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
Victoria Row	dand		
		Name of Person	
<del></del>		Firm/Company	₽V. <b>6</b>
		,	APR 26 PH I
1199 Kings E	state Road	Address	- 2° F
		Addicas	P P T
St. Augustine	e, FL 32086		
<del>1</del>	Ci	ty/State and Zip Code	हुन :s
chachavictor			
		for future annual report notification)	•
For further information	concerning this matter, pleas	se call:	
Victoria Rowland		at (904 ) 540-0225	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 - N	lame:		
The name of the	Limited Liability Com	pany is:	
	_		
	Victoria, LLC		
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	ress and street address	of the principal office of the Limited Li	ability Company is:
Principal Offic	e Address:	Mailing Address:	
1199 Kings Estate R	toad	1199 Kings Estate Road	
St. Augustine, FL 32086		St. Augustine, Fl. 32086	
The Limited Liabilit		gistered Office, & Registered Agent's own Registered Agent. You must designate an indivi	
ousiness entity with	an active riorida registration.)		
The name and th	ne Florida street address	of the registered agent are:	35 50 A TI
	Stephen Rowland		APR 2
		Name	Z6 ASSE
	1199 Kings Estate	Road	APR 26 PM
	Florida	street address (P.O. Box <u>NOT</u> acceptable)	TI:51
	St. Augustine	FL 32086	
		City, State, and Zip	- <b>₹</b>

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

Title: "MGR" = Manager "MGRM" = Managing	Name and Address:  Member	
MGRM	Victoria Rowland	
	1199 Kings Estate Road	
	St. Augustine, FL 32086	
970-10-10-10-10-10-10-10-10-10-10-10-10-10		
	F.C.	10 AP
		APR 26 PM
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		<u></u>
	LORIU A	:5
(Use attachment if nece	ssary)	51
(Use attachment if necestate) LE V: Effective date, if	ssary) other than the date of filing: 4-19-2010 . (OPTION	-
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LE V: Effective date, if fective date is listed, the days after the date of fine REOUIRED SIGNATO Signator (In according that the	other than the date of filing: 4-19-2010 (OPTION e date must be specific and cannot be more than five business datiling.)  URE:  ure of a member or an authorized representative of a member.  ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury	AL)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)