L10000045895

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

Office Use Only



100177554211

04/28/10--01035--027 **160.00

2010 APR 28 PH 12: 46
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

APR 2 9 2010

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

3

SUBJECT: OLDIE BUT GOODIE, 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:			
DANIEL R MORGAN Name of Person			
Name of Person			
Firm/Company			
4710 SE ROCKY POINT WAY			
Address			
STVART City/State and Zip Code OAN MORGAN 21 O HAMOO. Com E-mail address: (to be used for fature annual report notification)			
City/State and Zip Code			
E-mail address: (to be used for fature annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (772) 634-2980 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)			
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability	Company is:
OLDIE BOT (Must end with the wor	Good E LLC rds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street ad	dress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3494 SE DIXIEH STURRT FL 349	197 STURET, FC34997
4710	nt, Registered Office, & Registered Agent's Signature: re as its own Registered Agent. You must designate an individual or another ration.) ddress of the registered agent are: R. Mokhar SER OF ART WAY Name SE Rocky Point WAY Florida street address (P.O. Box NOT acceptable) FL 34997 City, State, and Zip
liability company at the place of registered agent and agree to act statutes relating to the proper as	dagent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of all and complete performance of my duties, and I am familiar with and osition as registered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) of The name and address of each	or Managing Member(s): Manager or Managing Member is as follows:	s: 2010 APR 28 PM 12: 46
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	SECRETARY OF STATE FALLAHASSEE. FLORIDA
MGR	DANIEL R. MOREN 4710 SE ROCKY FO STUART FO 31	AND WAY
MGR	SOHN H STING 2078 TAZEWELL VIBLINIA BERLY,	501 Rests U34997 VA 23455
<u>M6R</u>	MARGARET WEBER 2078 TAZEWELL, VIRGINIA BEACH,	ROLFRS ROAD WAZZYSS
		· · · · · · · · · · · · · · · · · · ·
	han the date of filing:	
REQUIRED SIGNATURE:		
Signature of a	member or an authorized representative of a mer	nber.
of this docume	with section 608.408(3), Florida Statutes, the executent constitutes an affirmation under the penalties of petated herein are true.)	
DAM, E	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)