

May 21 00 10:30a

A1a Incorporation

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Dinky Enterprises LLC

Certificate of Status	0
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Help J. BRYAN

MAY 24 2010

EXAMINER

H-10000121576-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

FILED
10 MAY 21 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

DINKY ENTERPRISES LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

534 MANOR ROAD
MAITLAND, FLORIDA 32751**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

CATHLEEN SPRINGMAN
534 MANOR ROAD
MAITLAND, FLORIDA 32751

Having been named as registered agent 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.

X *Cathleen Springman*
CATHLEEN SPRINGMAN / Registered Agent's signature

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PAGE 2 DINKY ENTERPRISES LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
CATHLEEN SPRINGMAN
534 MANOR ROAD
MAITLAND, FLORIDA 32751

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10 MAY 21 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....
X Cathleen Springman
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.

CATHLEEN SPRINGMAN

11.10000121576.3.