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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						

Special Instructions to Filing Officer:

A. LUNT

MAY 25 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE ALEAHASSEE, FLORIDA

010 MAY 24 PM 2:1

COVER LETTER

TO:

то:	Registration S Division of Co				
SUBJ	ECT: AMDA				
		Name of Limit	ed Liability Company	•	
The e	nclosed Articles o	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	ter to the following:		
	Mistie T. Field	ds			
	11110000 1711000		Name of Person		
		•			
Firm/Company					
				201	
	5014 Quadra	ngle Court	Address	2010 HAY 2	
			radioo	12 TAS	
	Wesley Chap	el, FL 33544		RY D	
			y/State and Zip Code	PM 2: DF STA	
	mistietz@yah		for future annual report notification)	1 2: 4.9	
For fu	rther information	concerning this matter, please	e call:)	
10,14	me momanon	conserming and matter, presser			
Mistie T. Fields at (813) 991-5955					
	Name	of Person	Area Code & Daytime Telephone Nur	nber	
Enclo	sed is a check for	or the following amount:			
☑\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	O Filing Fee, cate of Status & ed Copy nal 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 Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABII	LITY COMPA	NY
ARTICLE I - Name: The name of the Limited Liability Company is	:	DIO HAY 24 P	TICTO
AMDA LLC		7.5	
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	PM 2: 49 OF STATE EE. FLORID	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited I	Tr.	ny is:
Principal Office Address:	Mailing Address:		
5014 Quadrangle Court	5014 Quadrangle Court		
Wesley Chapel, FL 33544	Wesley Chapel, FL 33544		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an ind	t's Signature: ividual or another	
Mistie T. Fields			
· Name	;		
5014 Quadrangle Court			
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)		
Wesley Chapel,	FL 33544		
City, St	tate, and Zip		

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..

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2010 MAY SECRET
MGR .	Mistie T. Fields 5014 Quadrangle Court Wesley Chapel, FL 33544	24 PM 2: 49 ASSEE, FLORIDA
(Use attachment if necessary) ARTICLE V: Effective date, if other than the constant of the date is listed, the date must to or 90 days after the date of filing.)	he date of filing: be specific and cannot be more than	(OPTIONAL) I five business days prior
REQUIRED SIGNATURE:	, c	
(In accordance with	section 608.408(3), Florida Statutes, the executive an affirmation under the penalties of	cution
Mistie T. Fields	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)