L11000013734

(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:

W11 000004636

Office Use Only

EFFECTIVE DATE 01/31/2011

200191844702

01/24/11--01022--002 **125.00

FILED
11 FEB -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
FEB 02 2011
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2011

FILED
11 FEB -1 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAROLYN S HUDSON
5728 DOVE DR
PACE, FL 32571

SUBJECT: BOLD DIMENSIONS, LLC
Ref. Number: W11000004636

We have received your document for BOLD DIMENSIONS, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 24, 2011. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 211A00002104

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Bold Dimensions, 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:

Carolyn S Hudson
Name of Person

Bold Dimensions, LLC
Firm/Company

5728 Dove Dr
Address

Pace, FL 32571
City/State and Zip Code

cseayhudson@gmail.com
E-mail address: (to be used for future annual report notification)

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11 FEB -1 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carolyn S Hudson at (850) 995-6029
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Bold Dimensions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
5728 Dove Dr Pace, FL 32571	5728 Dove Dr Pace, FL 32571

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carolyn S Hudson
Name

5728 Dove Dr
Florida street address (P.O. Box NOT acceptable)

Pace FL 32571
City, State, and Zip

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11 FEB -1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Carolyn S Hudson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 01/31/2011

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*	
MGR	Carolyn S Hudson 5728 Dove Dr Pace, FL 32571

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 31, 2011. (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:

Carolyn S Hudson

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Carolyn S Hudson

Typed or printed name of signee

FILED
11 FEB -1 AM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)