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J. SAULSBERRY EXAMINER

FEB 16 2011

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Red Dot Investigations LLC		
	Name of Limited Liability Company	_	
The end	osed Articles of Organization and fee(s) are submitted for filing.		
Please 1	eturn all correspondence concerning this matter to the following:		
_	Rodney C. Carlan		
	Name of Person		
	Red Dot Investigations LLC	. 2	
•	Firm/Company)III	
	302 Circle Drive	FEB I	41
	Address	₹ •	2.797%
[DeFuniak Springs, FL 32435	AH IO: 03 OF STATE	
	City/State and Zip Code	ATE O	
-	arlans3@aol.com		
	E-mail address: (to be used for future annual report notification)		
For furt	ner information concerning this matter, please call:		
Rodr	ey C. Carlan at (850) 892-2762		
	Name of Person Area Code & Daytime Telephone Number		
Enclos	d is a check for the following amount:		
\$125.00	Filing Fee \$\bigsquare{\text{\$130.00 Filing Fee & Certified Copy}}\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigsquare{\text{\$Certified Copy}}\$ (additional copy)	Status &	
	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	
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The name of the Limited Liability Company is:

Red Dot Investigations 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:			
302 Circle Drive	302 Circle Drive			
DeFuniak Springs, FL 32435	DeFuniak Springs, FL 324	35	-	
302 Circle Driv Florida stre DeFuniak Springs	Registered Agent. You must designate an indiction of the registered agent are: Name Ve Let address (P.O. Box NOT acceptable) FL 32435	SECRETARY.OF STA		TI III
Ci	ity, State, 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.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

"MGR" = Manager	Name and Address:
'MGRM" = Managing Member	
/IGR	Rodney C. Carlan
	302 Circle Drive
	DeFuniak Springs, FL 32435
MGRM	Rodney W. Carlan
	302 Circle Drive
	DeFuniak Springs, FL 32435
	OLLAHASSEE; FLORID
	\sim
Use attachment if necessary)	$\tilde{\mathbf{p}}$ $\boldsymbol{\omega}$
EV: Effective date, if other than	n the date of filing: (OPTIO
LE V: Effective date, if other than ective date is listed, the date mudays after the date of filing.)	n the date of filing: (OPTIO ist be specific and cannot be more than five business
fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more than five business o

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)