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DIVISION OF CORPURATION

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T. HAMPTON

MAR 8 0 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: DictateandMore.com	
SCDOL	;e.:	ted Liability Company
The end	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Michael Carter	
		Name of Person
	DictateandMore.com	
		Firm/Company
_	728 Vicksburg St.	
		Address
[Deltona, FL 32725	
		ty/State and Zip Code
<u> </u>	mjcarter8@yahoo.com F-mail address: (to be used	for future annual report notification)
For furt	ther information concerning this matter, pleas	,
Micha	ael Carter	at (352) 207-4379
	Name of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.00	Filing Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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:			
DictateandMore.com 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	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
728 Vicksburg St.	728 Vicksburg St.			
Deltona, FL 32725	Deltona, FL 32725			
				
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another			
The name and the Florida street address of the	ne registered agent are:			
Michael Carter				
Na	me			
728 Vicksburg	St.			
Florida street	address (P.O. Box NOT acceptable)			
Deltona	_{FL} 32725			
City	, 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..

Registered Agent's Signature (REQUIRED)

(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:

MGRM	Susan Carter 9168 N Picture Ridge Rd. Peoria, IL 61615
MGRM	William Carter
	9168 N Picture Ridge Rd.
	Peoria, IL 61615
MGRM	Jessica Carter
	728 Vicksburg St.
	Deltona, FL 32725
Use attachment if necessary)	
LE V: Effective date, if other th	an the date of filing: (OPTIONA

REQUIRED SIGNATURE:

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.)

Michael Carter

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)