## 1000041686

| (Requestor's Name) (Address)            | 50019567      |
|---|---------------|
| (Address)                               | 00010001      |
| (City/State/Zip/Phone #)                |               |
| PICK-UP WAIT MAIL                       |               |
| (Business Entity Name)                  | 04/06/1101012 |
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**EXAMINER** 

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## **COVER LETTER**

|                         | on Section<br>f Corporations  |   |             |
|-------------------------|---|---|-------------|
| <sub>SUBJECT:</sub> Det | Dixon Consulting  | LLC   |             |
|                         | Name of Limi  | ted Liability Company   | -           |
| The englaced Articl     | as of Organization and foo(s) are   | authoritied for films   |             |
|                         | es of Organization and fee(s) are   | -   |             |
| Please return all cor   | respondence concerning this man   | ter to the following:   |             |
| Debora                  | ah A. Dixon   |   |             |
|                         |   | Name of Person  | <u> </u>    |
| Deb Di                  | xon Consulting, LL  | С   |             |
|                         |   | Firm/Company  | <del></del> |
| 2065 S                  | E Camden St.  |   |             |
|                         |   | Address   |             |
| Port Sair               | nt Lucie, FL 34952  |   |             |
|                         | ** . *  | y/State and Zip Code  |             |
| dixond1@                | comcast.net   |   |             |
|                         | E-mail address: (to be used   | for future annual report notification)  |             |
| For further informat    | ion concerning this matter, pleas   | e call:   |             |
| Deborah A. Di           | ixon  | _at ( 772 ) 631-7466  |             |
| Na                      | me of Person  | Area Code & Daytime Telephone Number  |             |
| Enclosed is a check     | k for the following amount:   |   |             |
|                         | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed) | tus &       |
|                         | 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:

| Deb Dixon Consulting, LLC  (Must end with the words "Limited Liability)   | y Company, "L.L.C.," or "LLC.")   |     |
|---|---|-----|
| ARTICLE II - Address: The mailing address and street address of the print   | ncipal office of the Limited Liability Company  | is: |
| Principal Office Address:   | Mailing Address:  |     |
| 2065 SE Camden St. Port Saint Lucie, FL 34952   | 2065 SE Camden St. Port Saint Lucie, FL 34952   |     |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) |   |     |
| The name and the Florida street address of the re   | gistered agent are:   |     |
| Deborah A. Dixon  |   |     |
| Name  |   |     |
| 2065 SE Camden  | St.   |     |
|   | ess (P.O. Box <u>NOT</u> acceptable)  |     |
| Port Saint Lucie  | <sub>FL</sub> 34952   |     |
| City, State   | e, and Zip  |     |
| liability company at the place designated in the<br>registered agent and agree to act in this capacity.<br>statutes relating to the proper and complete perj    | ccept service of process for the above stated limite<br>is certificate, I hereby accept the appointment as<br>I further agree to comply with the provisions of of<br>formance of my duties, and I am familiar with and<br>ered agent as provided for in Chapter 608, F.S. | ali |
| Registered Agent's Signatur   | SECRETARY TALLAHASSE  |     |
| (CONTINU  | OF STATE  | )   |

## 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                                | Name and Address:  |
|--|--|
| "MGRM" = Managing M  | ember  |
| MGR  | Deborah A. Dixon   |
|  | 2065 SE Camden St.   |
|  | Port Saint Lucie, FL 347952  |
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|  |  |
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|  | ****   |
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| (Use attachment if necess                                    | ary)   |
| ·  |  |
| <b>LE V:</b> Effective date, if ot                           | her than the date of filing: (OPTION   |
| fective date is listed, the d<br>days after the date of fili | late must be specific and cannot be more than five business da   |
| days after the date of this                                  | 1g.)   |
|  |  |
| <u>REQUIRED</u> SIGNATUI                                     | RE:  |
|  |  |
|  | //a led  |
| Signatur   | of a member or an authorized representative of a member.   |
|  |  |
| (In accordance with  | th section 608.408(3), Florida Statutes, the execution of this document  |
| constitutes an affi  | rmation under the penalties of perjury that the facts stated herein are true.  |
| constitutes an affi<br>I am aware that ar                    | th section 608.408(3), Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of State in the penalties of Penaltie |

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)

Typed or printed name of signee