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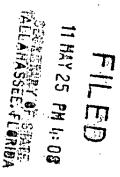
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W11000038534				

Office Use Only



200207922042

200207922042 05/23/11-01014-029 **125.00



D. BRUCE

MAY 26 2011

EXAMINER



May 24, 2011

JUSTIN K. PEREZ 221 N. MIAMI AVE MIAMI, FL 33128

SUBJECT: CHANGE THROUGH DANCE, L.L.C.

Ref. Number: W11000028534

We have received your document for CHANGE THROUGH DANCE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from on existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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: 911A00012810

COVER LETTER

Division of Corp			•
SUBJECT:	Name of Limited L	iability Company	LLC
The enclosed Articles of C	Organization and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	JUSTEN X	ne of Person	
 	Change Tha	MCOmpany	
	221 N. Micur	Address	
	Miami, FL	33128 ate and Zip Code	
	in foe Chance E-mail address: (to be used for fo	ethroughdan	ce.com
For further information co	ncerning this matter, please cal	l:	
OUSHY Name of	PereZat	(407) 670 - Area Code & Daytime Telep	-8678 X25 F
Enclosed is a check for	the following amount:		000
\$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 C	ircle

Tallahassee, FL 32301...

Good Afternoon,

My name is Justin Perez I am the Owner of Change Through Dance, Inc. I would like to approve the Change Through Dance LLC. If you have any questions please feel free to contact me. Thank you

Justin Perez Founder ,Creative Director Change Through Dance

CHANGETHROUGHDANCE.ORG



Date of this notice: 05-16-2011

Employer Identification Number: 45-2262391

Form: SS-4

Number of this notice: CP 575 G

CHANGE THROUGH DANCE JUSTIN PEREZ SOLE MBR 221 N MIAMI AVE MIAMI, FL 33128

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-2262391. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.



ARTICLES OF ORGANIZATION I	FOR FLORIDA L	IMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:				
(Must cold with the words "Lim	ited Liablity Company, "	ance LLC. "LL.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	of the principal offic	ce of the Limited Liability Company is:			
Principal Office Address:	Mailing A	Address:			
921 N. Highi Ave Might FL 33188	221 Hia	N Highi Ave Hi FL 33188			
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 ag	gent are:			
<u> </u>	Name	2			
\sim \sim \sim \sim \sim	Name				
Florida	street address (P.O. Bo	DX NOT acceptable)			
ļ ,	Higmin 33	3128			
	City, State, and Zip	÷			
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	ated in this certificat capacity. I further a aplete performance o	tice of process for the above stated limited te, I hereby accept the appointment as agree to comply with the provisions of all of my duties, and I am familiar with and t as provided for in Chapter 608, F.S			
A Dro	> .				
Registered Agent's Signature (REQUIRED)					
		•			
(Co	ONTINUED)	_			
P	tage 1 of 2				
		25 25 88EE			
		ED PH 1:00			

The name and address of each h	Manager or Managing Me	mber is as follows:
<u>Title:</u> "MGR" = Manager	Name and Add	dress:
"MGRM" = Managing Member	Dustin	h. Perez
	Highi Mighi	Miami Ave FZ 33188
		<u>i</u>
(Use attachment if necessary)		
ARTICLE V: Effective date, if other the (If an effective date is listed, the date in to or 90 days after the date of filing.)		. (OPTIONAL) ot be more than five business days prior
REQUIRED SIGNATURE:		
	lust ta	
Signature of a	member or an authorized rep	resentative of a member.
constitutes an affirmatio	n under the penalties of perjury	s, the execution of this document that the facts stated herein are true. cument to the Department of State 7.155, F.S.)
	Typed or printed name of	signee is
Filing Fees:		AH.
\$125.00 Filing Fee for Articles o of Registered Agent		on Y25
\$ 30.00 Certified Copy (Options \$ 5.00 Certificate of Status (O		
	Page 2 of 2	08