L11000099047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

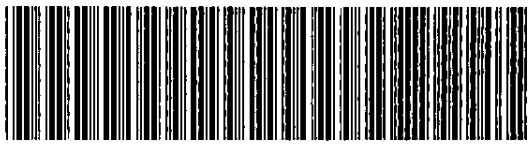
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11000042804

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 29 2011

EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2011

SALVATORE MAGGIORE
13411 WHILBY RD
HUDSON, FL 34667

SUBJECT: CORPORATE RAIDERS OF DIMENSION X L.L.C. (DBA A SMOKIN SALAMANDER
Ref. Number: W11000042804

We have received your document for CORPORATE RAIDERS OF DIMENSION X L.L.C. (DBA A SMOKIN SALAMANDER and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 411A00019217

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Corporate Raiders of Dimension X L.L.C. (DBA A Smokin' Salamander
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:

SalvatoRE Maggiore
Name of Person

Firm/Company

13411 Withby Rd
Address

Hudson Fl. 34667
City/State and Zip Code

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

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For further information concerning this matter, please call:

Salvatore Maggiore at (727) 862-0813
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:

A Smokin Salamandee L.L.C.
(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:

13411 Whitby Rd.
Hudson, FL 346667

Mailing Address:

13411 Whitby Rd
Hudson FL 346667

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:

Salvatore Maggiore
Name

13411 Whitby Rd.
Florida street address (P.O. Box **NOT** acceptable)

Hudson FL 34667
City, State, and Zip

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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)

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	Salvatore Maggiore 13411 whitbay Rd Hudson FL 34667
MGRM	Melissa Maggiore 13411 whitbay Rd Hudson, FL 34667

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

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.)

Salvatore Maggiore

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)