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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Earth's Dominion L.L.C. 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:	
David R. Hogue Name of Person	
Earth's Dominion Inc. L.L.C.	
1383 S. E. Appamattox Ter.	
Pt. St. Lucie, FL. 34952 City/State and Zip Code Aguid, hoque & tlc1, net E-mail address: (to be used for future annual report notification)	- Tale (19)
david, hoque @ tlc1, net E-mail address: (to be used for future annual report notification)	 !
For further information concerning this matter, please call: David R. Hogue at (722) 801-3481	
David R. Hogue at (772) 801-3481 (2) Name of Person at (772) 801-3481 (2) Area Code & Daytime Telephone Number	٠
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

The name of the Limited Liability C	ompany is:
Earth's Domin	Lion L.L.C., "Climited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words '	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1) -1 1 1 616	

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:

| David R. Hogue | Name |

Florida street address (P.O. Box NOT acceptable)

Pt. St. Lucie, FL 34952

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 (REOUIRED

(CONTINUED)

Page 1 of 2



ARTICLE I - Name:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	David R. Hogue 1383 S.E. Appamattox Ter. Pt. St. Lucie, Fl. 34952
	<u> </u>
(Use attachment if necessary) CLE V: Effective date, if other tha	n the date of filing: Oct. 1, 2011 . (OPTIONA
CLE V: Effective date, if other that effective date is listed, the date mind days after the date of filing.)	n the date of filing: Of 1/201/. (OPTIONA ust be specific and cannot be more than five business day
CLE V: Effective date, if other that effective date is listed, the date mu	n the date of filing: Ot, 1, 20(1). (OPTIONA ust be specific and cannot be more than five business day
CLE V: Effective date, if other that effective date is listed, the date mid days after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: Ot. 1, 2011. (OPTIONA ust be specific and cannot be more than five business day
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a mean of the constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document; under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a mean of the constitutes an affirmation I am aware that any false	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document: under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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