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DIVISION ANASSEE FLORIDA

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ALLAHASSEE, FLORID

J. BRYAN

SEP 28 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dynamic Answers 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:
Devin M. Alvarez Name of Person
Dynamic Answers Firm/Company
Po Box 3462 Address
Tall ahussee FL 32315 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Alvarez at (904) 731 6521 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

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:
Dynamic onswers 446 (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: Mailing Address:
1326 Amelia Cir Do Box 3662 Tallahassee FL 32303 Tallahassee FL 32305 32315
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:
Devin M. Alvarez Name
Florida street address (P.O. Box NOT acceptable)
Tall ahassee FL 32303 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
Pegistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

•	ger or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager	Sylv
"MGRM" = Managing Member	
MGR	Devin M. Alvarez
	PO BOX 3662
	Tulluhassee FL 32315 =
MGRM	STEPHEN D. Alvarez
	70 80x 3662
	Tallahassee FL 32315
MGRM	pavid m. Alvartt
	TO BOY 3662
	Tallohussee FL 32315
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The ettechnique if accessory)	
Use attachment if necessary)	1 . 2 . 1
LE V: Effective date, if other than the	e date of filing: Oct 12011 . (OPTIC
	e specific and cannot be more than five business
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fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	er or an authorized representative of a member.

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