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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
(Document Number)

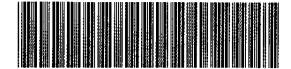
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SECRETARY OF STATE
TALLAHASSE FIET CATE

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Pride Dignity & Self - Worth
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:
Tyiesha Tamara Wisdom
Name of Person
Pride Diginity & Self - Worth
Firm/Company
11543 Oleander Drive
Address Address
Royal Palm Beach, FL 33411 City/State and Zip Code wisdomlazarus@vahoo.com
City/State and Zip Code
wild a market a marke
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyiesha Tamara Wisdom at (561) 602-4013
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Pride Dignity & Self - Worth, Ll	_C.
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11543 Oleander Drive, Royal Palm Beach FL 33411	11543 Oleander Drive, Royal Palm Beach FL 33411
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Tyiesha Tamara Wisdo	m ES III
Name	TAN SO 7
11543 Oleander D	Drive SECRETARY OF SESS (P.O. Box NOT acceptable)
Florida street addr	ess (P.O. Box NOT acceptable)
Royal Palm Beach	FL 33411
City, Stat	e, and Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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:

MGR	Tylesha Tamara Wisdom 11543 Oleander Drive, Royal Palm Beach FL 33411
MGRM	Jacquelyn Anderson
	206 Foxtail Drive, # B-2 Greenacres, FL 33415
·	TALLAHASSEE FLOR
(Use attachment if necessary)	,
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	he date of filing: (OPTIONAl be specific and cannot be more than five business days

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.)

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)