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2012 JAN 20 AM 8: 44 SECRETARY OF STATE

J. SAULSBERRY EXAMINER JAN 23 2012

COVER LETTER

TO: Registration Section Division of Corporations	_	
SUBJECT: Dhardis Lynda L	LC.	
	ne of Limited Liability Company	
The enclosed Articles of Organization and	I fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Terry Joseph		
	Name of Person	
Dhardis Lynda LLC		
	Firm/Company	
17405 Darby Lane		
	Address	
Lutz, Florida 33558	<u> </u>	
	City/State and Zip Code City/State and Zip Code Om (to be used for future annual report notification) SAR SRR	
dhardislynda@hotmail.c	Om (to be used for future annual report notification)	-
		Egicant a
For further information concerning this ma		1
Terry Joseph	at (813) 569-9952	And a
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following a	amount:	
\$125.00 Filing Fee \$130.00 Filing Certificate of		
Mailing Addre Registration Sec Division of Con P.O. Box 6327 Tallahassee, FI	rporations Registration Section rporations Division of Corporations Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
Dhardis Lynda LLC.				
(Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Li	ability Con	npany	is:
Principal Office Address:	Mailing Address:			
Dhardis Lynda LLC.	Dhardis Lynda LLC.			
17405 Darby Lane	17405 Darby Lane			
_utz, Florida 33558	Lutz, Florida 33558			
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Results business entity with an active Florida registration.) The name and the Florida street address of the Terry Joseph Nar 17405 Darby La	e registered agent are:			
Lutz	33558	DA A	ţ-	
	State, and Zip			
Having been named as registered agent and a liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper and complete accept the obligations of my position as referenced to the proper accept the obligations of my position as referenced to the proper accept the proper	in this certificate, I hereby accept the city. I further agree to comply with performance of my duties, and I are gisterell agent as provided for in C	he appointm h the provisi m familiar w	ent as ions of vith and	all

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Terry Joseph	
	17405 Darby Lane	
	Lutz, Florida 33558	
MGRM	Janeth Cabezas Angulo	
	Carrera 36 No. 34 - 30	
	Call. Colombia	
(Use attachment if necessary)	and states to compare the second contract of the second se	
•	date of filing: . (OPTIONAL	.)
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: (OPTIONAL e specific and cannot be more than five business days	
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REOURED SIGNATURE:	e specific and cannot be more than five business days. LAHASSEE, FI	ipri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REOURED SIGNATURE: Signature of a member	e specific and cannot be more than five business days LAHASSEE, FLORIDA of ap outhorized representative of a member.	ipri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REOURED SIGNATURE: (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	e specific and cannot be more than five business days AHASSEE, FLORIDA A08(3), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true. Ination submitted in a document to the Department of State	ipri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REOURED SIGNATURE: (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	e specific and cannot be more than five business days LAHASSEE, FLORIDA To a parthorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of periury that the facts stated herein are true.	pri

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)