

L120000038679

PHILIP L. DODGE

(Requestor's Name)

101 PLAZA REAL SOUTH

(Address)

APT. 719

(Address)

BOCA RATON FL 33432

(City/State/Zip/Phone #)

561-400-5396



PICK-UP



WAIT



MAIL

WORDING IT RIGHT LTD. LIABILITY CO.

(Business Entity Name)

W12000013219

(Document Number)

Certified Copies

X

Certificates of Status

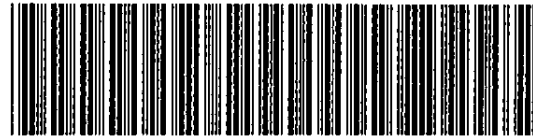
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Special Instructions to Filing Officer:

~~short~~  
~~address~~  
~~for filing~~

101 PLAZA REAL SOUTH  
APARTMENT 719  
BOCA RATON FL 33432

Office Use Only



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03/05/12--01024--011 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

J. SAULSBERRY  
EXAMINER

MAR 20 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WORDING IT RIGHT LTD. LIABILITY Co.  
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:

PHILIP L. DODGE  
Name of Person  
WORDING IT RIGHT LTD. LIABILITY Co.  
Firm/Company  
P.O. Box 216  
Address  
BOCA RATON FL 33429  
City/State and Zip Code  
philldodge@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

PHILIP L. DODGE at (561) 400-5396  
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:

WORDING IT RIGHT <sup>LTP.</sup> ~~LIMITED~~ LIABILITY CO.  
(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:**

P.O. Box 214  
BOCA RATON  
FL 33429

**Mailing Address:**

P.O. Box 214  
BOCA RATON  
FL 33429

**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:

PHILIP L. DODGE  
Name

101 PLAZA REALSO, APT. 719  
Florida street address (P.O. Box **NOT** acceptable)  
BOCA RATON FL FL 33429  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

Philip L. Dodge  
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:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

LILIANA IRIARNE-DODGE  
101 PLAZA REAL SO., APT. 719  
BOCA RATON FL 33432

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TALLAHASSEE, FLORIDA

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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:**

Philip S. Dodge

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.)

PHILIP L. DODGE

Typed or printed name of signer

**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)**