<u>L12000040004</u>

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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B. KOHR
MAR 2 2 2012
EXAMINER



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COVER LETTER.

TO:

TO:	Registration Section Division of Corporations	
SUBJE	T: Dreesey Baby LL(
	Name of Limited Liability Company	ç
The en	osed Articles of Organization and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following:	Z Z
Please	urn all correspondence concerning this matter to the following:	77.
	Edris Morse	
	Name of Person	_
	Firm/Company	
	2749 Pecan Rd # 205	
	Address	_
	rallahassec, fr 3,2303	
	City/State and Zip Code	_
-	E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	l is a check for the following amount:	
\$125.00	iling Fee \$\int_{\text{\$130.00 Filing Fee}} \& \text{\$\$155.00 Filing Fee} & \$	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name: The name of the Limited Liability Company is:	Company, "L.L.C.," or "LLC.") Acipal office of the Limited Liability Company is:
Dreesey Bab	V"LL(." 2
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2749 Pecan Rd # 205 Tallahassee, FL 52303	
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 registered address of the registered address.	ed Agent. You must designate an individual or another
Egis Wo	_
Name	
2749 Pec	an Rd. # 205
Florida street addre	ess (P.O. Box NOT acceptable)
Tallabassee	FL 3 2 3 0 3 e, and Zip
City, State	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per,	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Edrii Ma	Na
Registered Agent's Signatur	re (REQUIRED)

(CONTINUED)

	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
m G R m	Edris Morse
4.00	
	2749 pecan Rd # 205 Tallahassee, FL 32303
•	
	the date of filing: (OPTIO st be specific and cannot be more than five business
LE V: Effective date, if other than ective date is listed, the date mu	
EV: Effective date, if other than ective date is listed, the date muddays after the date of filing.)	
EV: Effective date, if other than ective date is listed, the date muddays after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business
LE V: Effective date, if other than rective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation used in a mean of the constitutes are affirmation used in a mean of the constitutes are affirmation used in a mean of the constitutes are affirmation used in a mean of the constitutes are affirmation used in the constitutes are affirmation used	Edul Mora mber or an authorized representative of a member. 1608.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in	mber or an authorized representative of a member. 1608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 16ormation submitted in a document to the Department of State
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation used in a mean of the constitutes and firmation used in a mean of the constitutes and firmation used in a mean of the constitutes and firmation used in a mean of the constitutes and firmation used in the constitutes and affirmation used in the constitutes are affirmation used in the constitutes and affirmation used in the constitutes are affirmation used in the constitutes and affirmation used in the constitutes are affirmation used in the constitutes and affirmation used in the constitutes are affirmation used in the c	mber or an authorized representative of a member. a 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 elony as provided for in s.817.155, F.S.)
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