

L12000066664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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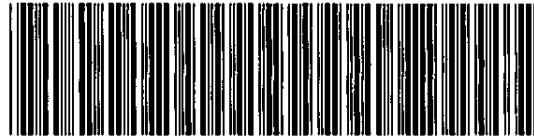
(Business Entity Name)

(Document Number)

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05/17/12--01007-022 \*\*160.00

RECEIVED  
2012 MAY 17 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
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FILED  
12 MAY 17 AM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 17 2012

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dynamic Sustainable Solutions  
Name of Limited Liability Company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAY 17 PM 1:07

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scarlett Williams  
Name of Person

Dynamic Sustainable Solutions  
Firm/Company

3255 Capital Circle Apt 3H  
Address

Tallahassee FL 32308  
City/State and Zip Code

scarlett.dssinc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scarlett Williams at 904, 229-9504  
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:

Dynamic Sustainable Solutions, LLC  
(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:

3255 Capital Circle Apt 3H  
Tallahassee, FL 32308

### Mailing Address:

3255 Capital Circle Apt. 3H  
Tallahassee, FL 32308

**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:

Scarlett Williams  
Name  
1349 Catalina Rd. East  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32216  
City, State, and Zip

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SECRETARY OF STATE  
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..

Scarlett Williams  
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

**Name and Address:**

MGR

Scarlett Williams  
1349 Catalina Road East  
Jacksonville, FL

MGR

Benjamin Evans II  
1113 Wini-fred Rd.  
Tallahassee, FL 32308

MGR

Omitope Taylor  
3000 South Adams St. Apt. 331  
Tallahassee, FL 32301

MGR

Andriyee Eakin  
4505 Marathon Lane  
Raleigh, NC 27616

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/17/2012 (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:**

Scarlett Williams  
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.)

Scarlett Williams  
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)

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1:07  
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TALLAHASSEE, FLORIDA