L12000118453

(Req	uestor's Name)
(Add	lress)
(Add	lress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
Will	Want





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SECRETARY OF STATE

J. SAULSBERRY EXAMINER SEP 17 2012

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Dazzle For Name of Limited L	A DOLLO	VLLC
The enclosed Articles of	of Organization and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Shelley Jos	tnn Plettl ne of Person	- Goldwich.
	azzle For A	Dollar m/Company	
	2320 Apal	achee Park	<u> </u>
Tall	whassee E	1. 32.30 L	IZ SEF 1
S	ioldwich@an		7 PM I
For further information	concerning this matter, please cal	i :	IZ: 12 STATE ORIDA
Shelley	Plet-H-Goldwicker of Person	(850) 597- Area Code & Daytime Telep	2525-
Enclosed is a check f	or 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:
Must end with the words "Limited Lia	Dollar LLC - ability 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:	Mailing Address:
2320 Apalachee Park Tallahossee El 32301	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	red Office, & Registered Agent's Signature? gistered Agent. You must designate an individual proportion
The name and the Florida street address of the Shelley	
1240 Sto Florida street a	ony creek way Tallahassee address (P.O. Box NOT acceptable) 733517
City,	FL State, and Zip
Having been named as registered agent and t	to accept 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)

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:

"MGRM" = Managing Member \(\int \chi \chi \chi \chi \chi \chi \chi \chi	Shallow Cooldelich.
111631211	1240 Steny Creek Way Tanahassee, Fl. 3231
· ·	
	SECRE
	P SER
	PR PR
	—————————————————————————————————————
(Use attachment if necessary)	
CLE V: Effective date, if other than th	e date of filing: (OPTIONA be specific and cannot be more than five business day

REQUIRED SIGNATURE:

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)