

L12000141295

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000262404 3)))



H120002624043ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAW OFFICES OF CARRILLO & CARRILLO, P.A.
Account Number : I20060000049
Phone : (305) 460-6001
Fax Number : (305) 460-6002

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: John @ inspections-florida .com

RECEIVED
12 NOV -7 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
OLD DIXIE HOLDINGS, LLC

W12-55879

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H12000262404 3

**ARTICLES OF ORGANIZATION
OF
OLD DIXIE HOLDINGS, LLC**

ARTICLE I- Name:

The name of the Limited Liability Company is:

OLD DIXIE HOLDINGS, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8203 S.W. 124th Street
Pinecrest, Florida 33156

ARTICLE III- Management:

The Limited Liability Company is a manager-managed company.

The Limited Liability Company's manager is the following:

MICALI HOLDINGS, LLC
8203 S.W. 124th Street
Pinecrest, Florida 33156

ARTICLE IV- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned submits the following statement of acceptance of designation of registered agent for the Company.

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, of the Florida Statutes.

FILED
12 NOV -7 AM 8:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

H12000262404 3

H12000262404 3

2



John S. Micali, Registered Agent
(Registered Agent's Signature)

8203 SW 124th Street
Pinecrest, Florida 33156

ARTICLE V- Duration

The period of duration for the Limited Liability Company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State, and shall have perpetual existence and duration until terminated in accordance with applicable law.



JOHN S. MICALI
Signature of an authorized representative

FILED
12 NOV - 7 AM 8: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000262404 2