

L13000112702

Tommy Dicken

(Requestor's Name)

6735 Sam Lane Dr

(Address)

(Address)

Panama City, FL 32404

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

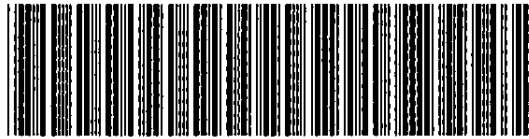
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ARTICLES OF ORGANIZATION

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TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the limited liability company shall be:

TOMMY DICKEN, LLC

ARTICLE II

Principal Place of Business

The principal place of business and mailing address shall be at:

**6735 SAMLUE DRIVE
PANAMA CITY, FL 32404**

but it shall have the power and authority to establish branch offices at such a place or places as may be designated by the members.

ARTICLE III

Purpose

The general nature of the business to be transacted and which the limited liability company is authorized to transact, in addition to those authorized by the laws of the State of Florida, shall be as follows:

Any and all legal business.

ARTICLE IV

Manager / Managing Member/Ownership

The name and address of the MGRM is as follows:

<u>TITLE</u>	<u>NAME AND ADDRESS</u>	<u>OWNERSHIP %</u>
MGRM	Tommy Dicken 6735 Samlue Drive Panama City, Fl 32404	100%

ARTICLE VI

Initial Registered Office and Registered Agent

The address of the initial registered office of this limited liability company is:

6735 Samlue Drive

City of: **Panama City**

County of: **Bay**

State of: **Florida 32404**

and the name of its initial registered agent at such address is:

Tommy Dicken

The undersigned being the original member of the limited liability company, hereby
certifies that the foregoing constitutes the Articles of Organization of:

TOMMY DICKEN, LLC

Executed by the undersigned on the 9th day of August, 2013.



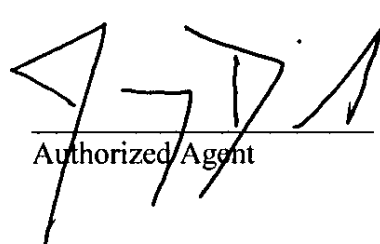
Authorized Agent

ACCEPTANCE BY REGISTERED AGENT

Of

TOMMY DICKEN, LLC

Having been named to accept service of process for the above stated limited liability company at the place designated in these Articles, I hereby agree to act in this capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Authorized Agent

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