113000121029

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



400251010454

08/26/13--01017--004 **125.00



AUG 27 2013 J. BRYAN

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Limit	Dawn Croter Fred Liability Company	allon LIC
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	7 S 13
_ Dawn	Creter Fall	Name of Person	3 AUG 26 P
		Firm/Company	<u> </u>
7511 5	West Share 131	•	0 TO S
Tampa, Dawa	0 01	ry/State and Zip Code Mail. Com for future annual report notification)	
For further information	concerning this matter, please	e call:	
Dawa Fal Name	of Person	at (813) 920-3 Area Code & Daytime Telep	hone Number
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	Street/Courier Address Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Nome

The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability	Man Croter Fallon LLC y 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:			
7511 S Westshore Blud Tompa, FC 33616	7511 Swestshore Blud Tompe, FC 35616			
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 agent are:

Name

S LUSTSHOW Blood
Florida street address (P.O. Box NOT acceptable)

Tong FL 3361(_ City, State, and Zip

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Dawn Falcon 7511 5 Westshorn Blud Tompo, FL 33616
<u> </u>	7 1 26 26 26 26 26 26 26 26 26 26 26 26 26
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: $\frac{3\sqrt{22/30/3}}{20/3}$. (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:

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.)

Wn Fallon
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)