## 113000143544

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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D. BRUCE

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: D	8 S Audio Name of Limite	Sales LLC ed Liability Company	•		
•			,		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		٠	
Please return all corresp	ondence concerning this matte	er to the following:			
Ale	X L. Dixon.	Sr.	•		_
	,	Name of Person			
$D_{\lambda}$	8 S Audio	Sales			
	/ / //	Firm/Company		·	_
5005	Tennessee (	apital Blvd.			_
		Address		Šσ	<del>1</del> 3
Tall	F1.32303	)		ĘĘ.	130
- l` (		y/State and Zip Code		20	
dixon	Courier 060	or fature annual report notification)	<del></del>	FR	7
For further information	concerning this matter, please			LORID	9: 10
Alex L. I	Dixon Sr. of Person	_at ( <u>\$50</u> ) <u>391 – 9</u> Area Code & Daytime Tele	836 phone 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 Filin Certificate of Certified Cop (additional copy	f Status o	
	Mailing Address Registration Section	Street/Courier Address Registration Section			

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

ARTICLE I - Name:

The name of the Limited Liability Company is:				
D&S Audio Sale.  (Must end with the words "Limited Liabi	S LLC lity Company, "L.L.C.," or "LLC.")	<del></del>		
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Lia	bility Com	ipany is	s:
Principal Office Address:	Mailing Address:			
505 Tenn. Cap. Blvd. Tall, Fl. 32303	5005 Tenn. Cap.	Blvd.		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)				
The name and the Florida street address of the	registered agent are:	ia		
Dixon Com	rier LLC		<b>3</b> 00	
5003 Tenn. (	Cap. Blvd.  dress (P.O. Box NOT acceptable)	HASSE F		
7011, Fl. 32 City, St	2703 ate, and Zip	ORIDA ORIDA	9: 10	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as re	this certificate, I hereby accept the city. I further agree to comply wit te performance of my duties, and egistered agent as provided for in	e appointm h the provi I am famili	nent as isions o iar with	of 1
alex LD	iyan Sa:			
Registered Agent's Signa	ture (REQUIRED)			

Page 1 of 2

(CONTINUED)

ARTICLE IV	/- Ma	nager(s	or (	Managing	Membere	$(\mathbf{s})$	):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	•	
MGRM	Alex L. Dixon Sr. 5005 Tenn. Cap. Blvd.	
MGRM	Gary Smith 5005 Tem. Cap. Blvd. Tall, Fl. 32303	
		,
(Use attachment if necessary)		
	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business day g.)	/S
REQUIRED SIGNATURE:	SECRETARY ALLAND	ξ:
, alex	CL Dijan Sa:	
Signature of a me	ember or an authorized representative of a member.	5-3
constitutes an affirmation t I am aware that any false in	n 608.408(3), Florida Statutes, the execution of this document of state of a member.  In formation submitted in a document to the Department of State of the stat	
Alex	L. Dixon Sr.  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)