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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE ALLAHASSEE, FLORID

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DEC - 9 2013

T. BROWN

(850) 245-6051.⁴

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Dodge Treats

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clifford j. Wozneski
Name of Person
Dodge Treats
Firm/Company
250 N. Banana River Dr. #C13
Address
Merritt Island, FL 32952
City/State and Zip Code
ciwozy@yahoo com

cjwozy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford Wozneski

...407

3531168

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		SECRETASSEE, FLOR
Dodge Treats L.L.C.		(S) 2 1
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	E. C. A. C.
ARTICLE II - Address:		(9) SS
The mailing address and street address of the pri	ncipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	effective d
250 N. Banana River Dr. #C13	250 N. Banana River Dr. #C13	
Merritt Island, Fi	Merritt Island,FL	
32952	32952	***********
The name and the Florida street address of the re Clifford J. Wozneski	gistered agent are:	
Name		
250 N. Banana River Dr. #C13		
250 N. Ballaria River Dr. #C15		
	ress (P.O. Box NOT acceptable)	
Florida street adda Merritt Island 32952	ress (P.O. Box <u>NOT</u> acceptable) FL re, and Zip	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title: "MGR" = Mar		Name and Address:	
"MGRM" = M	Ianaging Member		
MGR		Clifford Wozneski	
		250 N. Banana River Dr. #C13	
		Merritt Island,FI 32952	
			
		•	
		-	
(Use attachme	nt if necessary)		
CLE V: Effecti	ve date, if other than the	ne date of filing: 01/01/2014	. (OPTIONAL)
effective date i	s listed, the date mu	st be specific and cannot be mor	re than five business
to or 30 days at	ter the date of filing.)		
REQUIRED	SIGNATURE:		

(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.)

Clifford Wozneski

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)