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B. BOSTICK FEB **2 4** 2014 EXAMINER

COVER LETTER

	gistration Section ision of Corporations		
SUBJECT:	Jeanette Dixon LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed	Articles of Organization and fee(s) at	e submitted for filing.	
Please return	all correspondence concerning this m	atter to the following:	
	Jeanette Dixo	n	
-		Name of Person	
_			
		Firm/Company	
_	517 Buckminster	Circle	7 2
		Address	
	Orlando, Florid	la 32803	
_		ity/State and Zip Code	
		lixon@gmail.com I for future annual report notification)	
For further in	nformation concerning this matter, plea	·	
Jeane	ette Dixon	407 898-9671	
	Name of Person	Area Code Daytime Telephone Nu	mber
Enclosed is a	a check for the following amount:		
\$125.00 Fili	ng Fee \$\bigset\$\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	0 Filing Fee, cate of Status & ed Copy al 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:
Jeanette Dixon LLC	
(Must end with the wor	ds "Limited Liability 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:
517 Buckminster Circle — Orlando, Florida 32803	517 Buckminster Circle Orlando, Florida 32803

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jeanette Dixo	n
	me
517 Buckminster C	ircle
Florida street address (P.O. I	Box <u>NOT</u> acceptable)
Orlando	32803
City	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 605, F.S..

(CONTINUED)

Page 1 of 2

egistered Agent's Signature (REQUIRED)

<u>Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
— MGR	Jeanette Dixon
	517 Buckminster Circle
	Orlando, Florida 32803
MGR	Joel Dixon
	517 Buckminster Circle
	Orlando, Florida 32803
	·
V: Effective date, if other than the dative date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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ARTICLE IV-