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## **COVER LETTER**

	ation Section n of Corporations		
SUBJECT:	DYNAMIC	ELEMENTS, LL	.C
	Name of L	imited Liability Company	
The enclosed Are	ticles of Organization and fee(s)	are submitted for filing.	
Please return all	correspondence concerning this	natter to the following:	
<del></del>	S	TEVE SWANSON Name of Person	
	No	SNAWS CORPORA Firm/Company	STION
		3 S. UNIVERS ITY Address	Do.
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	PLA	NTATION FL City/State and Zip Code Son @ Nosnaws. Ged for future annual report notific	33324 SPR - 9
	b	City/State and Zip Code	- <del>-</del>
	Steveswan	son@ Mosnaws.a	om Englands 3: 00 cation)
	E-mail address: (to be us	ed for future annual report notific	cation)
For further inform	mation concerning this matter, pl	ease call:	77
STEVE	SWANSON at (	954 790 - 18 Area Code Daytime To	516
	Name of Person	Area Code Daytime 16	elephone Number
Enclosed is a che	eck for the following amount:		
\$125.00 Filing F	ee □\$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	Street/Courier Add	
	Registration Section Division of Corporations	Registration Section Division of Corpora	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cer	nter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
DYNAMIC ELEMENTS, LLC	
(Must end with the words "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:	
1393 S. UNIVERSITY DR. PLANTATION FL 33324 PLANTATION FL 35324	
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:	
STEVE SWANSON Name  8196 NW 105TH LW  STEVE SWANSON NAME  8196 NW 105TH LW  STEVE SWANSON NAME  8196 NW 105TH LW	
Name	
8196 NW 105TH LN	
Florida street address (P.O. Box NOT acceptable)	
Name  8196 NW 105TH LW  Florida street address (P.O. Box NOT acceptable)  PARKLAND  City  Zip	- , 
City Zip 3.	
Having been named as registered agent and to accept service of process for the above stated limited liability compathe place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	his ance
(CONTINUED)	

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Control
AMBR	STEVE SWANSON
· · · · · · ·	
Use attachment if necessary)	
ctive date is listed, the date must be speci	filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90
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