(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

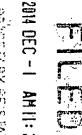
Office Use Only



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HUISION OF CORPORATIONS



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DEC 0 1 2014 J. BRUCE

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dodson Investments	s LLC					
·						
				Art of Inc. File		
				LTD Partnership File		
		}		Foreign Corp. File		
				L.C. File		
		ļ		Fictitious Name File		
				Trade/Service Mark		
				Merger File		
		İ		Art. of Amend. File		
		l		RA Resignation	<u>.</u>	
				Dissolution / Withdrawal		
				Annual Report / Reinstatement		
			<u> </u>	Cert. Copy		,
				Photo Copy		
				Certificate of Good Standing		
				Certificate of Status		COLUMN 1
				Certificate of Fictitious Name	DEO.	E-COMMON .
				Corp Record Search	- SSS -	
				Officer Search	AM II:	<u> </u>
				Fictitious Search		
Signature				Fictitious Owner Search	<u> </u>	
				Vehicle Search		
				Driving Record		
Requested by: SETH	12/01/14			UCC 1 or 3 File	-	
Name	Date	Time		UCC 11 Search	,	
Marine	Date	THIC		UCC 11 Retrieval	_	
Walk-In	Will Pick Up		. 	Courier		

COVER LETTER

Division of Corporations	
SUBJECT: Dodson Investments LLC Name of Limited Liability Company	
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:	
Samantha Dodson	
Name of Person	
Dodson Investments LLC	
Firm/Company	
2830 W. Shelton Ave.	
Address	
Tampa, FL 33611 City/State and Zip Code	
Saman that ampa @ Gmail.com E-mail address: (to be used for future annual report notification)	1.22
For further information concerning this matter, please call:	
	1
Samantha Dodson at (813) 334-9811	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \	
(auditional sopy to enclosed)	
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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:		
Dodson Tiny	estments LLC	
	'Limited Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE.II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Compan	ıy is:
Principal Office Address:	Mailing Address:	
2830 W. Shellon Ave. Tampa, FL 33611	2830 W. Shelto Tampa, FL 336/1	n Ave.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	s its own Registered Agent. You must designa	te an individual or
The name and the Florida street address of the re	egistered agent are:	
Samanth	a Dodson	
_	Name	
	P.O. Box NOT acceptable)	
riorida street address (i	· · ·	
Tampa	FL 33611	
capacity. I further agree to comply with the pr	by accept the appointment as registered agent	and agree to act in this nd complete performance
5	401-	20 Z
Registered Agen	rs Signature (REQUIRED)	DEC
(CC	ONTINUED)	SSES AND AN
,	Page 1 of 2	STA STA
		25

Title: "AMBR" = Authorized Men "MGR" = Manager	Name and Address:
AMBR	Samantha Dodson 2830 W. Shelton Ave. Tampa, FL 33611
The standard School	
EV: Effective date, if other ctive date is listed, the date f filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90

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)

Page 2 of 2