615666661445

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

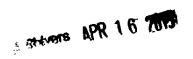
Office Use Only



200270940422

03/25/15--01018--008 **130.00





COVER LETTER

Division of Corporation	ons		
SUBJECT: NEW DYNAMIC.	LLC Name of Lin	nited Liability Company	
	rume or Bin	mice bluemy company	
The enclosed Articles of Organiz	cation and fee(s) ar	re submitted for filing.	
Please return all correspondence	concerning this m	atter to the following:	
DEVIN S. JOHNSO	N SR		
<u>DEVIN 3. 301 INSC</u>	JN, JN.	Name of Person	
NEW DYNAMIC, L	LC		
		Firm/Company	
742 TROTTER AV	'ENUE	Address	
		Addiess	
SARASOTA, FL 34	1227		
SARAGOTA, FL 34		ity/State and Zip Code	
joyjohnson@comcast.net			
E-mail a	ddress: (to be use	d for future annual report notifica	ation)
For further information concerning	ng this matter, plea	ase call:	
	3		
DEVIN S. JOHNSON, SR.	at (9	941) 879-1437	
Name of Perso			lephone Number
Enclosed is a check for the follow	ving amount:		
☐ \$125.00 Filing Fee	00 Filing Fee & ficate 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 Addre	252	Street/Courier Add	ress
Registration Se	ction	Registration Section	
Division of Co P.O. Box 6327		Division of Corporat Clifton Building	tions
Tallahassee, FI		2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
NEW DYNAMIC, LLC	iability Company, "L.L.C.," or "LLC.	"	
(Must end with the words "Limited L	nability Company, "L.L.C., of "LLC.)	
ARTICLE II - Address:			
The mailing address and street address of the principal offi	ice of the Limited Liability Company i	is:	
Principal Office Address:	Mailing Address:		
742 TROTTER AVENUE	742 TROTTER AVENUE	<u>. </u>	
SARASOTA, FL 34237	SARASOTA, FL 34237		
ARTICLE III - Registered Agent, Registered Office, &			
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.		an individu	iai or
The name and the Florida street address of the registered a	gent are:	i zn	•
DEVIN S. JOHNSON, SR.		5	
Name		HAR	TE
742 TROTTER AVENUE		%	gad tadte. Tre scrift
Florida street address (P.O. Box I	NOT acceptable))
CADACOTA	FI 24227		Annessed Targetonia
SARASOTA City	FL 34237 Zip	2 2.	السا
·			
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept to	ice of process for the above stated lim	Nëd liability d agree to	company at
capacity. I further agree to comply with the provisions of	fall statutes relating to the proper and	complete p	erformance
of my duties, and I am familiar with and accept the oblig	gations of my position as registered age	ent as provi	ided for in
Chapte	r 605, F.S		_
Registered Agent's Signatu	ire (BEOUIRED)		
(CONTINUE	D)		
(50,1111,05)	~,		

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
DEVIN S. JOHNSON AMBR	742 TROTTER AVENUE
	SARASOTA FL 34237
E V: Effective date, if other than the date extive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
ective date is listed, the date must be sport filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date extive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6)	euror or an authorized representative of a member of 505.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member of 25,0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true commation submitted in a document to the Department of State or
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member of 25.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true co
E V: Effective date, if other than the date ctive date is listed, the date must be specifically filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member of the penalties of perjury that the facts stated herein are true commation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be specifically filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member of the penalties of perjury that the facts stated herein are true commation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ctive date is listed, the date must be specifically filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member of the penalties of perjury that the facts stated herein are true commation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

Page 2 of 2