# L15000/35217

(Re	questor's Name)	
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PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE MILLAHASSEE, FLORIDA

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## **COVER LETTER**

	legistration Section  Pivision of Corporations			
SURIFC	Dixie Belle Blue LLC			
SUBJECT	Name of	f Limited Liabili	ty Company	
The enclos	sed Articles of Organization and fee(	s) are submitted	for filing.	
Please retu	um all correspondence concerning thi	is matter to the fo	ollowing:	
	Kenny Klein			
	17 - 2 - 4	Name of	Person	
	Dixie Belle Blue LLC			
		Firm/Cor	mpany	
	595 Fieldstone Dr.			
		Addre	SS	
	Marco Island, Florida 34145			
	kentoni16@embarqmail.com	City/State and	Zip Code	
	E-mail address: (to be a	used for future at	nnual report notificatio	n)
For further i	nformation concerning this matter, p	lease call:		
	Kenny Klein	239	682 0176	
	Name of Person		Daytime Telephone	Number
Enclosed is	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	i		\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	r I ( 2	Street Address  New Filing Section  Division of Corporatio  Clifton Building  1661 Executive Center  Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVEL
AND
FILED

A	RT	ICI	LE	T-	Na	me:

The name of the Limited Liability Company is:

15 AUG -6 AM 10: 44

Dixie Belle Blue LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	SE(	JA.	ETAR	Y OF	STATE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	P411.	JF(I	4455	EE, F	(IPO).I

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

595 Fieldstone	е От	595 Fieldstone Dr.
Marco Island,		Marco Island, FL 34145
ICLE III - Register	red Agent, Registered Office, & Ro	egistered Agent's Signature:
	red Agent, Registered Office, & Ro ompany cannot serve as its own Reg	
Limited Liability Co		egistered Agent's Signature: istered Agent. You must designate an individual o
Limited Liability Co er business entity w	ompany cannot serve as its own Regrith an active Florida registration.)	istered Agent. You must designate an individual o
Limited Liability Coner business entity w	ompany cannot serve as its own Reg	istered Agent. You must designate an individual o
Limited Liability Co her business entity w	ompany cannot serve as its own Regrith an active Florida registration.)	istered Agent. You must designate an individual o

595 Fieldstone Dr
Florida street address (P.O. Box NOT acceptable)

Marco Island FL 34145

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

APPROVEL AND FILED nited Liability Company: 15 AUG -6 AM 10: 45
SECRETARY OF STATE TALLAHASSEE, FLORIDA
(OPTIONAL) usiness days prior to or 90 days a
mements, this date will not be fis

# **ARTICLE IV-**The name and address of each person authorized to manage and control the Lim Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Kenny Klein 595 Fieldstone Dr. Marco Island FL 34145 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five bu ıfter the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requ ed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kenny Klein

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)