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SECREDAN SECREDAN TALLAHASSET FLORIDA

### **COVER LETTER**

	gistration Section vision of Corporations
SUBJECT:	Dance Supply LLC
SUBJECT.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Tamela E. Lee
•	Name of Person
	Dance Supply
-	Firm/Company
	2517 Santa Barbara BLVD #8
-	Address
	Cape Coral FL 33914
<del>-</del>	City/State and Zip Code
<u>d</u>	ancesupply01@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
ר	Tamela E. Lee 2392186552 Same
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 File	_

# **Mailing Address**

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

### **Street Address**

New Filing 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 Liabil	ity Company is:			
Dance Supply LLC				
	with the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limite	ed Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Addres	<u>s</u> :
2517 Santa Barbara Cape Coral FL 3393		Sa	me	<u> </u>
Capt Cottal 1 C Cott				
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registration	Registered Agent n.)		vidual or
	Ronald R Lee Sr.			
		Name		
	2705 SW 37th TER			
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)	
	Cape Coral FL 33914			
	City	State	Zip	
Having been named as registerea place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the appo provisions of all statute) re bligations of my position o	pintment as registed alating to the prop	ered agent and agree to act in er ond complete performance	this capacity. I of my duties, and I
		(CONTINUED	)	29 488
		Page 1 of 2		<u> </u>

<b>Title:</b> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Tamela E Lee
WICK	2517 Santa Barbara BLVD #8
	Cape Coral FL 33914
	**************************************
	<del></del>
Use attachment if necessary)	
ctive date is listed, the date must be filling.) the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-