L16000 115712

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400286550624

06/14/16--01044--007 **125.00

COVER LETTER

	Dennison Management Group, 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:					
	John Dennison					
-	Name of Person					
-	Firm/Company					
	1224 NW 114th Ave					
-	Address					
	Coral Springs, FL 33071					
	City/State and Zip Code					
<u> </u>	oburdennison@gmail.com					
	E-mail address: (to be used for future annual report notification)					
for further in	formation concerning this matter, please call:					
	John Dennison 954 675-9990 at ()					
_	Name of Person Area Code Daytime Telephone Number					
Enclosed is	a check for the following amount:					
]\$125,00 Fil	ing Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

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

The name of	- Name: he Limited Liability Company is:				
The name of	the Elimed Eliability Company is.				
D	ennison Management Group, LLC				
******	(Must end with the words "Limi	ted Liability Cor	npany, "L.L.C.," or "LLC.")		
ARTICLE 0	- Addrose				
	ddress and street address of the principa	d office of the Li	mited Liability Company is:		
Principal Office Address:			Mailing Address:		
1224 NW 114th Ave			1224 NW 114th Ave		
<u>C</u>	oral Springs, FL 33071		Coral Springs, FL 33071		
_					
(The Limited	II - Registered Agent, Registered Office Liability Company cannot serve as its oness entity with an active Florida registra	wn Registered A		or	
	•				
The name and	i the Florida street address of the registe	red agent are:			
	John Richard Den	nison			
		Name			
	1224 NW 114th A	ve			
Florida street address (P.O. I			NOT acceptable)		
	Coral Springs	FL	33071		
	City	State	Zip		
place designat further agree t	amed as registered agent and to accept so ed in this certificate, I hereby accept the co o comply with the provisions of all statute th and accept the obligations of my positi	ippointment as rest relating to the found in	egistered agent and agree to act in this co proper and complete performance of my	apacity. I duties, and I	

(CONTINUED)

Page 1 of 2

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 к	H	t i	. P.	1 V -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	John Richard Dennison
WOK	1224 NW 114th Ave
	Coral Springs, FL 33071
	Corar Springs, 1 is 33071
MGR	John Ramon Dennison
	1224 NW 114th Ave
	Coral Springs, FL 33071
MGR	Joseph L. Dennison
	1224 NW 114th Ave
	Coral Springs, FL 33071
	- Inches and the state of the s
(Use attachment if necessary)	
ADTICLE V. Effective date if other than the de	uc of filing: (OPTIONAL)
of an affactive data is listed, the data must be	specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	specific and cannot be more than five business days prior to or 20 days are
	t meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department	
the document a chockive date on the Expandic	in of thate 5 feeth ab.
ARTICLE VI: Other provisions, if any.	
DECUIDED CICNATURE.	\sim // \sim
<u>REOUIRED</u> SIGNATURE:	
	John Name
Signature of A	member or an authorized representative of a member.
	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	llse information submitted in a document to the Department of State
	ree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

John Richard Dennison

\$ 5.00 Certificate of Status (Optional)