# L16000211079

Office Use Only



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## **COVER LETTER**

	Registration Section Division of Corporations
eup ie	Dynamite Publishing
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Gary and Tanasia Thomas
	Name of Person
	Dynamite Publishing
	Firm/Company
	7190 Shalimar Street
	Address
	Miramar, Fl 33023
	City/State and Zip Code
	chicole38@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Gary Thomas 727 301-3322 at ( )
	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 & Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

GARY AND TANASIA THOMAS 7190 SHALIMAR STREET MIRAMAR, FL 33023

SUBJECT: DYNAMITE PUBLISHING LLC

Ref. Number: W16000074688

We have received your document for DYNAMITE PUBLISHING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 516A00023721

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

ARTICLE II - Address: The mailing address and street		office of the Limited I		
	pal Office Address:		Mailing Addres	<u>s</u> :
7190 Shalimar Stree Miramar, FL 33023			Shalimar Street nar, FL 33023	
Willamar, PL 33023			nai, t 2 33023	<del></del>
The name and the Florida stree	Gary J Thomas	d agent are:	<del></del>	NOV 18 AM
	7190 Shalimar Stree			
	Florida street addres	ss (P.O. Box <b>NOT</b> ac	ceptable)	L0% <b>5. 6. 5.</b>
			22022	51 C
	Miramar	Florida	33023	Su.
		Florida State	33023 Zip	Str. Co

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Gary J Thomas
MOK	7190 Shalimar Street
	Miramar, FL 33023
	regional de la comp
AMBR	Tanasia C Thomas
	7190 Shalimar Street
	Miramar, FL 33023
E V: Effective date, if other than the ective date is listed, the date must lof filing.)	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 d
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