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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAT BOI EXIT Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cornelius L. Allen Name of Person
DAT BUIL ENT Firm/Company
4639 Fredercksburg Lue Address
Jecksonville/FI 32209 City/State and Zip Code
City/State and Zip Code Cornelius Allen Dychoo, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cornelius Allon at (904) \$94-4055 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$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 Mew Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIGLE 1 - Name:	
The name of the Limited Liability Company is:	
DAT BOI EN	TLLC
(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
41039 FRECIPICKS byg. Les JACKSON-ILE FI	4639 Fredricksburg. Lue 3909
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Occident Language Name	Alka
Ho39 Freder Florida street address (P.O. Bo	
City State	zip
Having heen named as registered agent and to accent service of proce	see 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

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Emane St. Charles 1408 Keats Circle Jacksonville, Fl. 32208		
(Use attachment if necessary)		, <u></u>	
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ARTICLE IV-