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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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HALL CONTRACTOR

COVER LETTER

TO:

New Filing Section

Division of	Corporations		
SUBJECT:	Dancewear Tal	lahassee, LLC.	
	Name of Lin	nited Liability Company	
The enclosed Article	es of Organization and fee(s) ar	e submitted for filing.	
Please return all corn	respondence concerning this ma	atter to the following:	
	HENRY	A. Hernandez	
	,	Name of Person	
	Dancer	Near Tallahassee Firm/Company	, LLC.
		Firm/Company	,
	1123 Moma	Sville Road, #	3A
		Address '	
	TALLAHAS	SEE FL 323. City/State and Zip Code artallahassee was for future annual report notificant	03
	E-mail address: (to be used	urtallahassee W o	mail. (om
For further informatio	n concerning this matter, please		····)
Henr	Y Hernandez at (at (rea Code Daytime Telephone	7 2 Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ne Di P.e	ailing Address ew Filing Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dancewear Tal	lahassee, LLC.
(Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
rincipal Office Address.	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Henry Hernandez

Name

1123 Thomasville Rd, #3A

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32303

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..

steren Agent s Signature (REQUIRE

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Henry A. Hernandez- 1/23 Thomas ville Road #3A
MIR	ANNA N. Smith 1123 Thomasville Road #3A Tallahassee, FL 32303
(Use attachment if necessary)	
FIGLE V: Effective date, if other than the date of filing.) te: If the date inserted in this block does no	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be listent of State's records.
FICLE V: Effective date, if other than the date of filing.) te: If the date inserted in this block does not document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be list
FIGLE V: Effective date, if other than the date of filing.)	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be list
PICLE V: Effective date, if other than the date on effective date is listed, the date must be date of filing.) Le: If the date inserted in this block does not document's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be list
PICLE V: Effective date, if other than the date of effective date is listed, the date must be date of filing.) Le: If the date inserted in this block does not document's effective date on the Department of the	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)