117000107073

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(6.1).00.00.2.(6.1).10.10.10.10					
PICK-UP WAIT MAIL					
(Dusings Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
İ					
İ					

Office Use Only



100298001651

05/17/17--01001--003 **130.00

PRESENTATION OF STREET AT TO

ZETT HAY I E FM 2:

30 C R3 31 AVN 2135

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Dimmick Enterprises L.L.C. 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:
Cutis Allen Dimmict
Dimmick Enterprizes Firm/Company
51 Tully Ave
Panacea F1. 32346 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara Dimmick at (850) 8/7-0/55 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$ S155.00 Filing Fee \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{\$160.00 Filing Fee, Certified Copy}\$ (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RТ	ICI	F.	Ι_	Na	mo
т.	ĸı	11.1	ıe.	1 -	112	IIII.

The name of the Limited Liability Company is:

Dimmick Enterprises L.L.C.

(Must contain 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:
51 Tully Ave	SITULLY AVE
Panacea F1, 32346	Pana cea F1, 3234L

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

Name

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

Panacea Fl. 32346

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Cotis Allen Dimmick
AMBR	Stally Ave Panacea Fl. 32346
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is executed in account of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. Intion submitted in a document to the Department of State as provided for in s.817.155, F.S. Leg Dimmick or printed name of signee

as

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-