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PICK-UP	Wait Mail
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Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer
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DOWNER OF A SECOND

COVER LETTER

TO: New Filing Section Division of Corporations	•
SUBJECT: Name of Lim	Enterprise of Florida, LL ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Dynasty	Name of Person Of Florida, LLC Firm/Company Name of Person Of Florida, LLC Firm/Company
2541 Fredsmith Rd	Address
mytimeism	ity/State and Zip Code OFAPE AMAL COM for future annual report notification)
For further information concerning this matter, please	call:
Facink Thomas at (S	250 , 294-1872 Tea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section Division
Division of Cornorations	The Centre of Tallahassee

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

of Florida, LLC

Must conatin 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:

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

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

v State

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
ANDY & MGR	AMILIAN SOURCE
TONIA THE	Fort Tonderosa Circle
	Midu 201 FL 32343
	
(Use attachment if necessary)	
cument's effective date on the Depart "LE VI: Other provisions, it'any.	new or state s records.
Lr. vt. Other provisions, it any.	
REQUIRED SIGNATURE:	
7.1	77.00
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Signature of	
	a member or an authorized representative of a member.
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