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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT:	Daw 92 Liability Company
The enclosed Articles of Organization and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Sharon m	ance of Person
Hot	Min/Company Z
1101 Pinedo	ichd Address
Sharon hair be used for the season of the se	total and Zip Code 5.6 CMQUI COM Juliure annual report notification)
For further information concerning this matter, please cal	l:
Name of Person Area (S2 434 1728 Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\B\$\$125.00 Filing Fee \$\B\$\$\$Cenificate of Status (a)	Certified Copy dditional copy is enclosed) \$\int \frac{\\$\$160.00 \text{ Filing Fee.}}{\cent{\center}\$Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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 1 - Name: The name of the Limited Liability Company is:
Hot Dawy Z'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:
1101 Pinedale RC 1101 Pinedale Rd hackledge PL 32955 hackledge PC 32955
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:
Value base
Name
Florida street address (P.O. Box NOT acceptable)
Dalb - 1 57 31739
<u> </u>
City State Zip
Taving 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 un 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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 2 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Fred or printed name of signee

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

8-30,00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)