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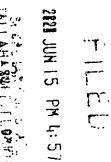
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☐ PICK-UP	MAIT	MAIL
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Office Use Only



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6/25/2010

## COVER LETTER

	New Filing Sec Division of Co								
SUBJEC	Т:	DIXIE LOTS,	LLC of Limited Li	ability Com	oanv	<del></del>	_		
		···	or ismined is:	uomity Comp	,,,,,				
The enclo	osed Articles of	Organization and fe	e(s) are submi	tted for filin	g.				
Please ret	urn all correspo	ondence concerning t	his matter to t	he following	<b>3</b> :				
	CARC	DL M. WEST						<u></u>	
			Nam	e of Person					
	N/A								
			Firm	/Company					
	P.O.	. вох 790		ddress					
			,	duress			≥ 2	292	
	CROS	SS CITY, FL 32	628				<b>*</b>	21 MUK 1882	<del>-</del> ;
			City/Stat	e and Zip Co	ode		6165 4 1925 4	<del></del>	·
		<u>eLotsllc@gmai</u>							i Iman
		E-mail address: (to b	e used for futt	ire annual re	port notificati	ion)		P# 4:	
For further	information co	ncerning this matter,	please call:					<b>4:</b> 5 /	(
		ol_West	at (35		498-5572		_		
	Nam	ne of Person	Area Cod	e Dayt	ime Telephon	e Number			
Enclosed	is a check for t	he following amount	:						
□\$125.0	00 Filing Fee	□\$130.00 Filing Certificate of Stat	us Ce	\$155.00 Fili rtified Copy tional copy i	_	□\$160.0 Certificat Certified (additional	te of Stat Copy	us &	)
		ıg Address		Street A					
		filing Section			ing Section Di				
		on of Corporations  Box 6327			ntre of Tallaha Monroe Stre				
		assee, FL 32314		Tallahas	see, FL 3230	3			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DIXIE LOTS, L	I.C		
	(Must contain the words "Limi	ted Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	ress: and street address of the princip	al office of the Limited	Liability Company is:	
	Principal Office Address:		Mailing Addre	<u>ss</u> :
	285 SE 22nd Avenue		P O Box 790	
		Cross City, FL	32628	
(The Limited Liabili	gistered Agent, Registered Offi ty Company cannot serve as its o tity with an active Florida registr	own Registered Agent.		vidual or
	orida street address of the regist			
	Carol M	. West		
		Name	-	
		2nd Avenue		
	Florida street ado	dress (P.O. Box <u><b>NOT</b></u> a	cceptable)	
		ty, FL 32628	<del></del> -	
	City	State	Zip	
place designated in thi further agree to compl	s registered agent and to accept s is certificate, I hereby accept the ly with the provisions of all statut accept the obligations of my posit	appointment as register es relating to the proper	red agent and agree to act in rand complete performance as provided for in Chapter (	n this capacity. I e of my duties, and I 605, F.S.
		(CONTINUED)		LABASSET STOR

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager Carol M. West AMBR P\_0\_Box\_790\_\_\_ Cross City, FL 32628-(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.

**REOUIRED 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.

Typed or printed name of signee

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)