

L200000 170 740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

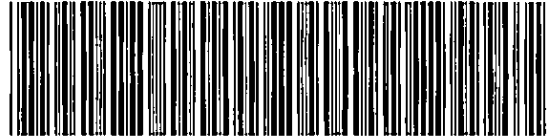
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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JUN 15 PM 4:57
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Lsk
6/25/2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DIXIE LOTS, LLC
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:

CAROL M. WEST

Name of Person

N/A

Firm/Company

P.O. BOX 790

Address

CROSS CITY, FL 32628

City/State and Zip Code

DixieLotsllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol West

at (352)

498-5572

Name of Person

Area Code

Daytime Telephone 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)

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

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2008 JUN 15 PM 4:57
TALLAHASSEE FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIXIE LOTS, LLC

(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:

285 SE 22nd Avenue

P O Box 790

Cross City, FL 32628

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:

Carol M. West

Name

285 SE 22nd Avenue

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

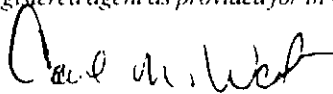
Cross City, FL 32628

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.,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 JUN 15 PM 4:57
ALLAHABAD, INDIA

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

AMBR

~~Cross City, FL 32628~~

\$ 5.00 Certificate of Status (Optional)

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