

221000445785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000129469

Office Use Only



400373640524

09/23/21--01020--003 \*\*125.00

*[Handwritten signature]*

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SECRETARY OF STATE  
TALLAHASSEE, FL

✓

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Dixon Partners 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:

Richard Dixon  
Name of Person  
Dixon Partners LLC  
Firm/Company  
3765 Five Farms Court  
Address  
Jacksonville, FL 32225  
City/State and Zip Code  
rickdixon1@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Dixon at (813) 334-8784  
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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TALLAHASSEE, FL

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SEP 23 2021

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Richard Dixon  
3765 Five Farms Court  
Jacksonville, FL 32225

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

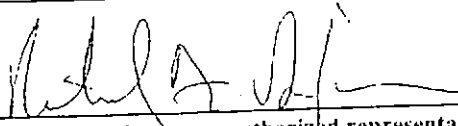
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Richard Dixon

\_\_\_\_\_  
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)

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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dixon Partners 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:

3765 Five Farms Court  
Jacksonville, FL 32225

Mailing Address:

3765 Five Farms Court  
Jacksonville, FL 32225

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:

Richard Dixon

Name

3765 Five Farms Court

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

Jacksonville

FL

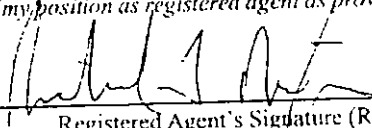
32225

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)

2021 SEP 23 AM 7:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 23 2021

**Lovelace, Karen**

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**From:** LeBlanc, Hyacinth  
**Sent:** Wednesday, October 6, 2021 4:46 PM  
**To:** Moon, Matthew T.; Cline, Tammi; Rico, Carlos E.; Culligan, Neysa; Lovelace, Karen  
**Cc:** Varnadore, RoseAnn  
**Subject:** W21000129469

Good afternoon

Can Karen Lovelace or someone give Ms. Dixon a call back. The entity P02000004834 belong to the Dixon as well.  
She need to discourse the rejected filed

EMAIL: [RICKDIXON1@VERIZON.NET](mailto:RICKDIXON1@VERIZON.NET)  
NANCY DIXON TEL: 8133348784

Thank you  
Hyacinth LeBlanc  
OPS Clerk

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SECRET  
TALLAHASSEE, FL

Rick Dixon

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To: Karen.Lovelace@DOS.myflorida.com  
Subject: Dixon Partners

Hello Karen,

Nice to speak with you this afternoon and I believe the following is what you requested:

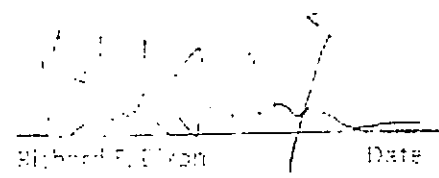
I have no intentions of using Dixon Partners, Inc. (P020000004834) in the future and release this to myself, Rick Dixon.

Moving forward, I wish to be using Dixon Partners, LLC (W21000129469) upon your approval.

If you have any questions or require any additional information, please don't hesitate to contact me.

I look forward to your favorable response.

Kind regards,

  
Rick Dixon  
Date 10/7/2021

dixon partners  
813-211-1111

SEP 23 2021  
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SECRETARY  
TALLAHASSEE