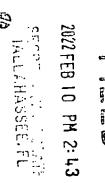
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(Requestor's Name)
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DATE: 02/10/22

NAME: DYLANPDYER LLC

TYPE OF FILING: ARTICLES

COST: 130.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC	DylanP D y				
SUBJEC	:1:		ne of Limited Li	ability Company	
The encl	osed Articles of	Organization and	fee(s) are subm	itted for filing.	
Please re	turn all corresp	ondence concernin	g this matter to	the following:	
	Dylan Dyer				
			Nan	ne of Person	
	DylanPDye	r LLC			
			Firn	n/Company	
	11564 Wells	man Dr.			
			7	Address	
	Riverview, I	FL 33578			
			City/Stat	e and Zip Code	<u> </u>
	Dylanpdyer@	• •			
		E-mail address: (to	be used for fut	ure annual report notifica	tion)
For further	information co	oncerning this matte	er, please call:		
	Kyle A. Delş	gado, Esq.	516 at (300-3055	
	Nam	ne of Person		le Daytime Telepho	ne Number
Enclosed	is a check for t	he following amou	nt:		
□\$125.0	00 Filing Fee	■\$130,00 Filin Certificate of Si	tatus Ce	\$155.00 Filing Fee & ertified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ıg Address		Street Address	
	New F	iling Section		New Filing Section I	
		on of Corporations Box 6327		The Centre of Tallal 2415 N. Monroe Str	
		assee, FL 32314		Tallahassee, FL 323	

The name and the Florida street address of the registered agent are:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
DylanPDyer 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:				
11564 Wellman Dr, Riverview, FL 33578	11564 Wellman Dr, Riverview, FL 33578			
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register				

Name

11564 Wellman Dr.

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

Riverview FL 33578

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)

20/2 FEB 10 PM 2: 43

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Dylan Dyer 11564 Wellman Dr, Riverview, FL 33578		
			
(Use attachment if necessary)			
If an effective date is listed, the date must be specified the date of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed as State's records.		
REQUIRED SIGNATURE:			
This document is executed 1 am aware that any false in	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.		
<u>Dylan Dver</u>	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)