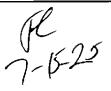
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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: DCKSON ALLO WOYLO 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:
Crica Sockson
Name of Person
Firm/Company
321 West Jefferson 57.
Address
Quina 41 32351
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Erica Socksom (860) 2104-9229
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed) 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 I - Name:

The name of the Limited Liability Company is:

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:
321 West Seffersonst.	321 West lefters most
Quiry 1 32351	Mincy 7 3335
0 (( )	(Jettrog 1 1/ 30/3) 1

## 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:

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

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Charles Hayes V.
MGR	Exica Jackson  Basings Herryan St.  Bincy II 3235 Yam
MGR	Theria Clemens Tay Line St. Chartahachee /
te of filing.)  If the date inserted in this block does occurrent's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be li
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	i Sakom
This document is c I am aware that any constitutes a third d	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
•	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Add EIN 39-3197534

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

ARTICLE IV-