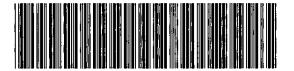
# L/2000144069

(	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:

Office Use Only



200241518372

11/13/12--01007--017 \*\*125.00

TILEU 2012 HOV 13 AM 8: 21 SECRETARY OF STATE

J. BRYAN

NOV 1 4 2012

**EXAMINER** 



700 12TH AVENUE SOUTH. SUITE 302
NASHVILLE. TENNESSEE 37203
(615) 244-7600 FAX: (855) 344-7600
WWW.KTRLAWGROUP.COM

JORDAN S. KELLER
JASON L. TURNER I
THOMAS D. RUTH II
W. CHRISTOPHER ANDREWS
JENNIFER S. GHANEM
JAIME R. HELLER III

TO ALSO THE ENDING REDICIDATE OF ALSO CHEESED BY MENTION OF

THE MISD DOORSSED BY CARD OF SIDE AND DECISIONS.

Mark Krebs Paralegal

EMAIL: Mark@KTRlawgroup.com Phone: 615-244-7600

October 24, 2012

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Dorough Brothers II, LLC



## To Whom It May Concern:

Enclosed please find a check in the amount of \$125.00 for the filing fees in regard to the above captioned matter.

At your earliest convenience, please file these documents and return the originals to this office in the self-addressed stamped envelope provided.

Should you have any questions or concerns, please feel free to contact me.

Best Regards.

Wark A. Krebs.

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	<u>م</u> ـــ
SUBJECT: Dorough Brothers II, L	
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	ter to the following:
Jason L. Turner, Esq.	
	Name of Person
Keller Turner Ruth Andrew	ws Ghanem & Heller, PLLC
	Типисопрану
700 12th Avenue South, S	uite 302
	Address
Nashville, TN 37203	
	ty/State and Zip Code
jason@ktrlawgroup.com	for future annual report notification)
For further information concerning this matter, pleas	·
Jason L. Turner	at (615 ) 244-7600
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Dorough Brothers II, LLC

(Must end with 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

THE SHOPE

Principal Office Address:	Mailing Address:	
11906 Provincial Way	11906 Provincial Way	
Windermere, FL 34786	Windermere, FL 34786	-
		_

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:

Dale L. Cox	
· -	Name
11906 Prov	incial Way
Florid	a street address (P.O. Box NOT acceptable)
Windermere	<sub>FL</sub> 34786
	City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s): FILED W. 21 The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM **Howard Dorough** 11906 Provincial Way Windermere, FL 34786 **MGRM** John Dorough 11906 Provincial Way Windermere, FL 34786 Dale Cox MGR 11906 Provincial Way Windermere, FL 34786 (Use attachment if necessary) . (OPTIONAL) 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.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Dale L. Cox

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)

Typed or printed name of signee