

L14000165911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

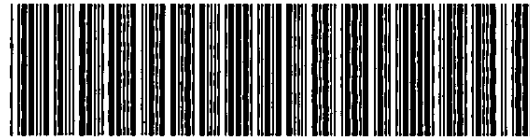
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900265716479

10/23/14--01002--005 \*\*130.00

2014 OCT 23 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

PR 10-20-14  
CHK 4559  
\$ 130.00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5110 26<sup>th</sup> ST W 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:

DEAN OLINGER  
Name of Person

5110 26<sup>th</sup> ST W. LLC  
Firm/Company

3920 BEE RIDGE RD C-D  
Address

SARASOTA, FL 34233-1260  
City/State and Zip Code

dolinger@doctorstransport.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEAN OLINGER at ( 941 ) 518-7733  
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**  
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



**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:**

\_\_\_\_\_

\_\_\_\_\_

MGR

DEAN OLINGER  
3920 BEE RIDGE RD C-D  
SARASOTA, FL 34233

MGR

DEBORAH OLINGER  
3920 BEE RIDGE RD C-D  
SARASOTA, FL 34233

\_\_\_\_\_

\_\_\_\_\_

(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.)

**ARTICLE VI:** Other provisions, if any.

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

**REQUIRED SIGNATURE:**

*D. Olinger*

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (b), 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.)

DEAN OLINGER

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT 23 AM 11:47

FILED