

LL5000088350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

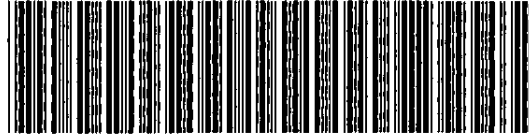
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/13/15--01028--015 **125.00

FILED
15 MAY 13 AM 7:55
RECEIVED
DEPT. OF STATE
TALLAHASSEE, FLORIDA

May 11, 2015

Department of State

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

Reference: Dooe Investments LLC

Document Number L10000065459

Dear Department:

It has come to my attention that my Limited Liability Company annual report was not submitted for the past few years. At this time I would like to authorize the release of Document Number L10000066569 for Dooe Investments LLC.

Further I am submitting articles that I would like for the state to process for me at this time.

Thanking you in advance for your prompt attention to these matters.

Sincerely,

A handwritten signature in black ink, appearing to read "Dror Zadok". The signature is fluid and cursive, with the first name "Dror" and last name "Zadok" clearly distinguishable.

Dror Zadok

Managing Member

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dooe Investments 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:

Dror Zadock

Name of Person

Firm/Company

709 Cape Coral Parkway W

Address

Cape Coral, FL 33914

City/State and Zip Code

vitzi@zahav.net.il

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dror Zadock

239

540-2612

at ()

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 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:

Dooe Investments 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:

Principal Office Address:

Mailing Address:

709 Cape Coral Parkway West
Cape Coral, FL 33914

Same

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:

Lawrence Swan

Name

709 Cape Coral Parkway West

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

Cape Coral

FL

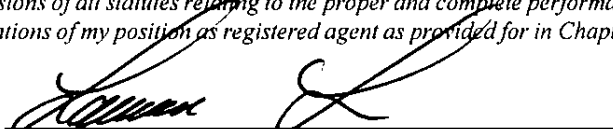
33914

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)

RECEIVED
15 MAY 13 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Dror ZSadock

709 Cape Coral Parkway West

Cape Coral, FL 33914

AMBR

Oranit S Zadok

709 Cape Coral Parkway West

Cape Coral, FL 33914

(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.

Any and all lawful business relating to real estate investments

REQUIRED SIGNATURE:

Dror Zadok

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

(In accordance with section 605.0203 (1) (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.)

Dror Zadok

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)