

L03000035186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

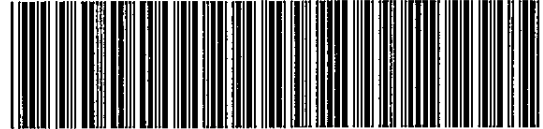
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2003 SEP 12 AM 10:00
CLERK OF COURTS
TALLAHASSEE, FLORIDA

J. BRYAN SEP 18 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLOHA II L.L.C.
(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:

Carolyn F. Harvey
(Name of Person)

(Firm/Company)

3018 Devon Drive
(Address)

Fort Wayne, IN 46815
(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn F. Harvey at (260) 484-1145
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2003 SEP 12 AM 10:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOLOHA II L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9991 Cypress Lake Drive

Fort Myers, FL 33919

Mailing Address:

3018 Devon Drive

Fort Wayne, IN 46815

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Dodd L. Harvey

Name

9991 Cypress Lake Drive

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

Fort Myers, FL 33919

City, State, and Zip

FILED
2003 SEP 12 AM 10:00
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dodd L. Harvey

9991 Cypress Lake Drive

Fort Myers, FL 33919

MGRM

Carolyn F. Harvey

3018 Devon Drive

Fort Wayne, IN 46815

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Dodd L HARVEY
Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
2003 SEP 12 AM 10:00
JULIEN & ASSOCIATES
TALLAHASSEE, FLORIDA