

L04000003317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

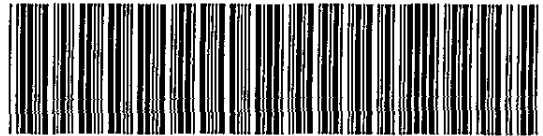
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/09/04--01018--012 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN -9 PM 2:27

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1/13/04
[Signature]

DATE 1-7-04

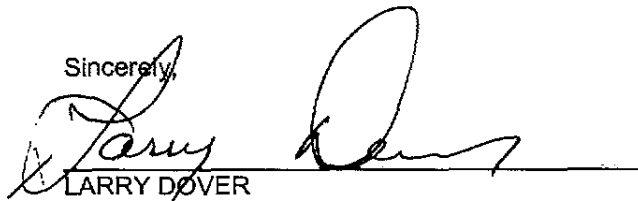
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: LARRY DOVER LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I have enclosed the original and one copy of the Articles of Organization. You will also find my check for \$155.00 to cover the cost of the Filing Fees, Certified Copy of the Articles of Organization and Fee for Registered Agent Designation for the above named LLC.

Sincerely,


LARRY DOVER

Please send accepted Articles of Organization to the following address:

LARRY DOVER
321 NW 5TH STREET, CAPE CORAL, FL. 33909
Cape Coral, FL 33909

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -Name:

The name of the Limited Liability Company is: LARRY DOVER LLC

ARTICLE II -Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 321 NW 5TH STREET, CAPE CORAL, FL. 33909

ARTICLE III -Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

LARRY DOVER

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

321 NW 5TH STREET

FL City, State, and Zip

CAPE CORAL, FL. 33909

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



X Article IV Manager(s) or Managing Member(s)

Title

MGRM

Name and Address

LARRY DOVER

321 NW 5TH STREET, CAPE CORAL, FL. 33909

Article V -Management (Check box if applicable.)

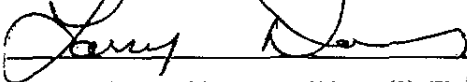
☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

ARTICLE V: Effective Date

The effective date is WHEN FILED

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TALLAHASSEE, FLORIDA

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.)

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)

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