

L04000022149

(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:

Name
Availability

Document
Examiner

Office Use Only

Updater

Updater
Verifier

Acknowledgement DCC

W. P. Verifier DCC



900029454849

03/12/04--01053--005 **125.00

FILED
SECRETARY OF STATE
04 MAR 22 AM 10:56

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dove Development 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:

Traci A. Wells
(Name of Person)

Dove Development
(Firm/Company)

13118 Linden Drive
(Address)

Spring Hill FL 34609
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Wells at (727) 643-5817
(Name of Person) (Area Code & Daytime Telephone Number)

04 MAR 12 AM 10:56

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dove Development LLC

ARTICLE II - Address:

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

Principal Office Address:

13118 Linden Drive
Spring Hill
Florida 34609

Mailing Address:

SAME

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

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

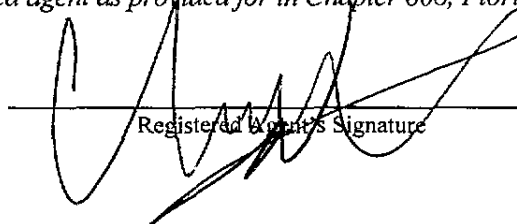
Christopher James Wells
Name

13118 Linden Drive
Florida street address (P.O. Box **NOT** acceptable)

Spring Hill FLORIDA 34609
City, State, and Zip

FILED
SECRETARY OF STATE
MAR 12 AM 10:56
CORPORATIONS

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, Florida Statutes..



Registered Agent's Signature

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

MGR

Name and Address:

Traci A. Wells
13118 Linden Drive
Spring Hill FL 34609

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Traci A Wells
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.)

Traci A. Wells
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
04 MAR 2010 AM 10:56

SECRETARY OF STATE
CORPORATIONS