

L04000071091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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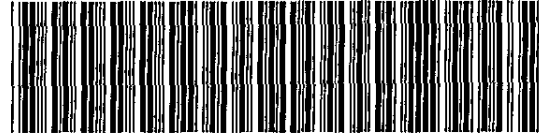
(Business Entity Name)

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FLORENCE STATE

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DIVISION OF CORPORATION

L04-71091
Q

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DOB 1, LLC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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ARTICLES OF ORGANIZATION

OF

DOB1, L.L.C.

Pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes (1999), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I: NAME

The name of this limited liability company (the "Company") shall be DOB1, L.L.C.

ARTICLE II: ADDRESS

The mailing address and the street address of the principal office of this company shall be 77 Ponte Vedra Colony Circle, Ponte Vedra Beach, FL 32082.

ARTICLE III: REGISTERED AGENT

The initial registered office of this company shall be, 135 Professional Drive, Suite 101, Ponte Vedra Beach, FL 32082, and its initial registered agent at such office shall be D. Randall Briley.

ARTICLE IV: MANAGEMENT OF THE COMPANY

This company will be a member-managed company managed by the members in accordance with and subject to the requirements of the Act and the operating agreement of this company.

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IN WITNESS WHEREOF, the undersigned, being the Sole Member of this company, has executed these Articles of Organization on behalf of this company in accordance with §608.407(3) of the Act.

Dated: September 29, 2004

DAVID S. O'BRIEN LIVING TRUST

By David S. O'Brien TRUSTEE
DAVID S. O'BRIEN as Trustee

STATE OF FLORIDA
COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority, personally appeared DAVID S. O'BRIEN trustee of the DAVID S. O'BRIEN LIVING TRUST, to me well known and known to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged to me that he executed said Articles freely and voluntarily and for the purposes expressed therein.

WITNESS my hand and seal this 29 day of September, 2004.

Jo Ann Mills
NOTARY PUBLIC



JO ANN MILLS
My Commission # DD 184833
Expires: June 5, 2007

STATE OF FLORIDA
TALAHSEE, FLORIDA

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ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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 company in complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 29 day of September, 2004.


D. RANDALL BRILEY

STATE OF FLORIDA
COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me this 29 day of September, 2004, by D. Randall Briley [4] who is personally known to me or [] who has produced _____ as identification.

WITNESS my hand and seal this 29 day of September, 2004.


NOTARY PUBLIC



JO ANN MILLS
My Commission # DD 18452
Expires: June 5, 2007

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