# L04000072441

(Re	equestor's Name)	
(Address)		
(Ad	idress)	
(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	Timig Officer.	

Office Use Only



700041361007

N9/29/N4--01865--006 \*\*125.00

04 SEP 29 4MII: 26



# JEFFERSON W. MORROW

BOARD CERTIFIED CIVIL TRIAL LAWYER CONCENTRATING IN THE REPRESENTATION OF VICTIMS OF ABUSE AND NEGLECT IN NURSING HOMES AND AUTOMOBILE ACCIDENTS AND LANDOWNERS IN CONDEMNATION CASES

CERTIFIED BY THE NATIONAL BOARD OF TRIAL ADVOCACY AS A CIVIL TRIAL LAWYER

1301 RIVERPLACE BLVD. - STE. 2600 JACKSONVILLE, FLORIDA 32207 TELEPHONE (904) 399 - 5626 TELEFAX (904) 399 - 5980 E-MAIL: jmorrow@link.com

September 28, 2004

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Dockrider Systems, Inc.

Dear Sir/Madam:

ďţ

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence to:

Jefferson W. Morrow, P.A. 1301 Riverplace Boulevard, Suite 2600 Jacksonville, FL 32207 904-399-5626

Please return your certificate of incorporation to the above-referenced address.

Sincerely,

EFFERSON W. MORROW

JWM:nd

01 SEP 29 AM 11: 26

#### ARTICLES OF ORGANIZATION

#### **FOR**

#### FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### DOCKRIDER SYSTEMS, 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:

4114 Herschel Street, Suite 107 Jacksonville, FL 32210

4114 Herschel Street, Suite 107 Jacksonville, FL 32210

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

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

Walter M. Lampe 4440 Merrimac Avenue Jacksonville, Florida 32210

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.

Walter M. Lambe

Registered Agent's Signature

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM = Managing Member

MGR

Walter M. Lampe 4440 Merrimac Avenue Jacksonville, FL 32210

REQUIRED SIGNATURE:

Signature of a member of 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.)

WALTER M. LAMPE

(Typed or printed name of signee)