## W5000004037

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## TRANSMITTAL LETTER

	IRANSWITI	IALLETTER		
TO: Registration Se Division of Co	ection rporations			
SUBJECT: Dowdle F	Family, LLC			
		l Liability Company)		
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
		trick Agnew		
	(r	Name of Person)		
		ew Law Office		
	1)	Firm/Company)		
	129 South	n Phelps Avenue, Suite 801		
		(Address)		
		ockford, Illinois 61107		
	(City/\	State and Zip Code)		
For further information	concerning this matter, please of	call:		
		at (	1-3522 TALL	ng Lamp, Marin (Sp.
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:		7 F RYO SEE.	
<b>Ø</b> \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Films Fee, Certificate of Situs & Certified Copy 771 (additional copy is enclosed)	g.7 <b>34.7</b> 2

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 Comp	pany is:		
Dowdle Family, LLC			
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
9341 Old Hickory Circle	9341 Old Hickory Circle		
Fort Meyers, Florida	Fort Meyers, Florida		
33912	33912		
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature: of the registered agent are:		
Timothy E. Dowdle			
	Name		
9341 Old Hickory Circ	9341 Old Hickory Circle		
Florida :	street address (P.O. Box NOT acceptable)		
Fort Meyers	FL 33912		
City	y, State, and Zip		

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)

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SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

## **ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows:

Name and Address:
Timothy E. Dowdle
9341 Old Hickory Circle
Fort Meyers, Florida 33912
Janine E. Dowdle
9341 Old Hickory Circle
Fort Meyers, Florida 33912

(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.)

TIMOTHY E. DOWDLE
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)