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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Division of Corporations

Fam Number : (850)205-0383

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : I20010000215

: (904)777-1533

Fag Number

: (904)777-1717

LIMITED LIABILITY COMPANY

Dorazio, LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing

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ARTICLES OF ORGANIZATION FOR FLORIDALLIMITED A 10: 53

SECRETARY OF STATE TALLAH SESE, FLORION

ARTICLE I. NAME:

The name of the Limited Liability Company is: Dorazio, LLC

ARTICLE II. ADDRESS:

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

1811 Killarn Circle Middleburg, FL 32068

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent are: Robert Dorazio, MGR. 1811 Killarn Circle Middleburg, FL 32068

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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, Plorida Statutes

Robert Dorazio Registered Agent

3-1-05 Date

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title: MGR. Name and Address: Robert Dorazio 1811 Killarn Circle Middleburg, FL 32068

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H05000050792 3

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REQUIRED SIGNATURE:

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IN WITNESS WHEREOF, the undersigned member(s) has executed these Afficies of STATE Organization, this _____ day of __MOYCH_____, 2005.

Robert Dorazio, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)