

LD5000065036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

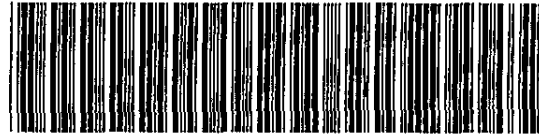
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DorKus Designs  
(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:

Ovedia L. Rhoulhac  
(Name of Person)

DorKus Designs  
(Firm/Company)

9160 NE 12th Court  
(Address)

Ocala, Florida 34479  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ovedia L. Rhoulhac at ( 352 ) 816-0775  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 23, 2005

OVEDIA L. RHOULHAC  
9160 NE 12TH COURT  
OCALA, FL 34479

SUBJECT: DORKUS DESIGNS  
Ref. Number: W05000030890

We have received your document for DORKUS DESIGNS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 005A00043000

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

**ARTICLE 1 -- Name:**

The name of the Limited Liability Company is:

**DORKUS DESIGNS, L.L.C.**

**ARTICLE II -- Address:**

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

**Principal Office Address:**

2502 NE Jacksonville Road, Suite #104  
Ocala, Florida 34479

**Mailing Address:**


9160 NE 12<sup>th</sup> Court  
Ocala, Florida 34479

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

Samuel Rhoulhac  
9160 NE 12<sup>th</sup> Court  
Ocala, Florida 34479

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TALLAHASSEE, FLORIDA

*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

**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

**Name and Address:**

MGR

Antionette Rhoulhac  
9160 NE 12<sup>th</sup> Court  
Ocala, Florida 34479

MGRM

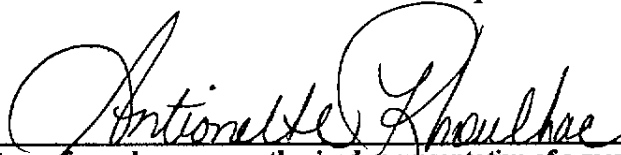
Latanya P. Woods  
9160 NE 12<sup>th</sup> Court  
Ocala, Florida 34479

MGRM

Samuel Rhoulhac  
9160 NE 12<sup>th</sup> Court  
Ocala, Florida 34479

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

**REQUIRED SINGATURE:**



Signature of 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.)

Antiontte Rhoulhac

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