

**L060000091147**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600079780536**

09/14/06--01003--018 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 14 PM 1:30

**B. Tardock SEP 18 2006**



**YURICK LAW OFFICES, P.C.**

**BRENDA J. YURICK**

5500 Brooktree Road, Suite 302  
Wexford, PA 15090  
(724) 935-0500 • Fax (724) 935-5077  
e-mail: byurick@yuricklaw.com

September 11, 2006

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

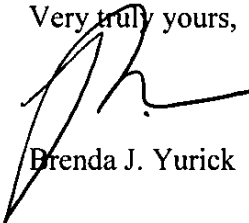
Re: DOC Hospitality Milwaukee, LLC

Dear Sir/Madam:

Enclosed for filing please find an original and one copy of Articles of Organization for DOC Hospitality Milwaukee, LLC. Also enclosed is our firm check in the amount of \$125.00. Please be so kind as to date stamp the copy of the Articles of Organization and return to the undersigned in the business reply envelope provided.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Brenda J. Yurick

/aob

Enclosures

cc: Phillip E. Hugh (w/enc)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DOC Hospitality Milwaukee, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

1520 Broadway Street, Suite 104

Fort Myers, FL 33901

#### Mailing Address:

1520 Broadway Street, Suite 104

Fort Myers, FL 33901

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Phillip E. Hugh

Name

1520 Broadway Street, Suite 104

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

FL 33901

City, 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..*

By:

  
Registered Agent's Signature (REQUIRED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 14 PM 1:30

(CONTINUED)

Page 1 of 2

**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

Phillip E. Hugh

1520 Broadway Street, Suite 104

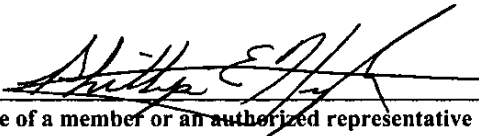
Fort Myers, FL 33901

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

By: Phillip E. Hugh

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)**