

L07000055176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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07 MAY 24 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

May 10, 2007

Donald Lowe

13221 NW 12th Street,

Pembroke Pines, Fl 33028.

954-817-8230

Dear Sir/Madam:

This is my request for applying Limited Liability Company to our company.

The name of our Company is DONCHE INC. LLC

Mailing address is P.O. Box 260372, Pembroke Pines, Fl 33026.

Anticipating a prompt reply.

Sincerely

Donald Lowe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Donche L.L.C.
(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:

13221 N.W. 12 St.
Pembroke Pines,
Florida 33028.

Mailing Address:

P.O. Box 260370
Pembroke Pines
Florida 33026

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:

Donald Lowe
Name
13221 N.W. 12 St
Florida street address (P.O. Box **NOT** acceptable)
Pembroke Pines FL 33028
City, State, and Zip

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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..

Donald Lowe
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

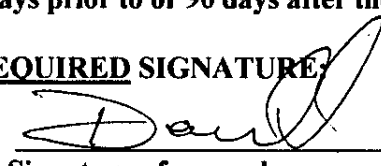
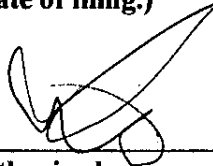
Cheryl Lowe
13221 N.W. 12 St.
Pembroke Pines, FL 33028.

(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.)

DONALD LOWE

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)

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