

LD8000029461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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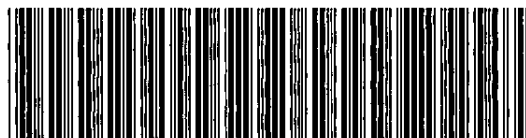
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Ouligan MAR 24 2008

LAW OFFICES OF  
MITCH DEVER, P.A.

1813 THOMAS DRIVE  
PANAMA CITY BEACH, FLORIDA 32408

MITCH DEVER

ADMITTED  
TO PRACTICE  
IN FLORIDA & ALABAMA

P.O. BOX 9811  
PANAMA CITY BEACH, FL 32417

PHONE (850) 234-5555  
FAX (850) 234-7677

March 20, 2008

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Daddy Doc, LLC  
Articles of Organization for Florida Limited Liability Company

To Whom It May Concern:

Enclosed please find the Articles of Organization for the above-captioned company. Also, enclosed is my check in the amount of \$125.00 for the filing fee.

Thank you for your assistance and cooperation

Sincerely,



Mitch Dever

SMD/sd  
Enclosures

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

**DADDY DOC, LLC**

**FILED**  
**08 MAR 21 PM 12:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

The undersigned, for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization:

**ARTICLE I - NAME**

The name of the Limited Liability Company is Daddy Doc, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is located at 3001 W. 10<sup>th</sup> Street, Unit 214 in Panama City, Florida 32401.

**ARTICLE III - REGISTERED AGENT**

The name and the Florida street address of the registered agent is Carlton S. Schwartz, 3001 W. 10<sup>th</sup> Street, Unit 214, Panama City, Florida 32401.

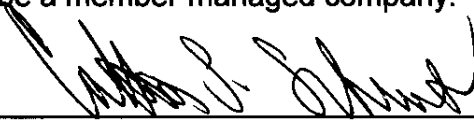
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL 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 OF THE FLORIDA STATUTES.

  
\_\_\_\_\_  
Registered Agent's Signature

  
\_\_\_\_\_  
Date

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be a member-managed company.

  
\_\_\_\_\_  
Signature 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.

  
\_\_\_\_\_  
Signature of a member

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