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2009 JAN -5 PH 3: 2:

C. LEWIS

JAN 0 6 2009

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	Doak Enter	rprises LLC.	
	(Name of Limit	ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	Nancy Ho	ul/	
	•		_
	Doak En	terprises, LLC (Firm/Company)	"
	<u></u>	(Time company)	
	82262	Overseas Highward	xay
		VState and Zip Code)	3036
	(Cit,	yrstate and rap code;	
For further information	concerning this matter, please	e call:	
Nancy	Hu 11	054 816-	4084
Nancy Name	of Person)	(Area Code & Daytime Tele	phone Number)
Unaloged is a sheet fi	or the following amount:		
	\$130.00 Filing Fee &	Delss on Elling Eagle of	\$160.00 Filing Fee,
■\$125.00 Filing Fee	Certificate of Status	L \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

FILED

2009 JAN -5 PM 3: 22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY: ©OMPANM TATLATASSES, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ooak Enterprises, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

B2262 Overseas Highway
Islamorada, FL 33036

Mailing Address:

Mailing Address:

B2262 Overseas Highway
Islamorada, FL 33036

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:

Nancy Hull
Name

82262 Overseas Highway
Florida street address (P.O. Box 10T acceptable)

Islamorada FL 33036

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

	ger(s) or Managing Member(s): of each Manager or Managing Member is as follows: Name and Address:	2009 JAN -5 F
<u>Title:</u> "MGR" = Manager	Name and Address:	MOSE OF S
"MGRM" = Managing	Member	· Pio
MGR	Nancy Hull	
	B22 62 Overseas Islamorada, FL	#19/10000
MGRM	Sprathan 4.11	
7016/761	82262 Overseas	Highwa
	Islamorada, FL	3303
	 	
	occamu)	
(Use attachment if nece	ssary)	
•	•	(OPTIONA
LE V: Effective date, it ffective date the	other than the date of filing: <u>Dec. 30, 2008</u> e date must be specific and cannot be more than five	(OPTIONA business day
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CLE V: Effective date, in fective date is listed, the days after the date of	other than the date of filing: Dec. 30, 2008 e date must be specific and cannot be more than five filing.)	(OPTIONA business day
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CLE V: Effective date, in fective date is listed, the days after the date of EREQUIRED SIGNAT Signa	other than the date of filing: Dec. 30, 2008 e date must be specific and cannot be more than five filing.) TURE: Hall	e business day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)