100010899

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000023405 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.

Account Number: 072720000142 Phone : (305)442-1567

Fax Number : (305)442-1227

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DORO LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

http://dile.e.o.pt/.o.nrg/scripts/efilcovr.exe

MICHAEL J.FREEMAN.P.A Feb. 2. 2009 11:51AM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DORO LLC

(Must end with the words "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:

Mailing Address:

20 ISLAND AVENUE #1208

MIAMI BEACH, FLORIDA 33139

P.O. BOX 140668

CORAL GABLES, FL 33114-0668

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:

M.J.F. REGISTERED AGENT, CORP.

Name

153 SEVILLA AVENUE

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

CORAL GABLES, FL 33134

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 (REOLIRED)

(CONTINUED)
Page 1 of 2

FAX AUDIT NO. H09000023405 3

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CHRISTIAN ROTH
	153 SEVILLA AVENUE
	CORAL GABLES, FL 33134
MGR	ERIC DOMEGE
	153 SEVILLA AVENUE
	CORAL GABLES, FL 33134

ffective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONA t be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
Signature of a med (In accordance with of this document co that the facts state	beer or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury ed herein are true.) I. FREEMAN, ESQ. Typed or printed name of signee rganization and Designation

Page 2 of 2