

L090000062724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



100157407631

06/25/09--01013--014 **35.00

100157407631
06/02/09--01045--022 **90.00

FILED
2009 JUN 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Donnie DoRight L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly M. Painter
Name of Person

Donnie DoRight LLC
Firm/Company

6077 Riverboat Dr #832
Address

Stuart FL 34997
City/State and Zip Code

Kimberly.Painter@att.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Painter at (772) 220-3801
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ ~~\$125.00~~ ^{35.00} Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
90.00 Already Sent
35.00 Now

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

June 22, 2009

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

**Subject: Donnie DoRight LLC
RE: 409A00018871**

I'm returning the correct filing papers to file for a Limited Liability Company. I wanted to file for a LLC not just for a fictitious name.

Enclosed is the remaining \$35.00 to file the Articles of Organization for Florida Limited Liability Company. A previous \$90.00 was already mailed with the wrong paperwork.

Thank you,

**Kimberly M. Painter
772.220.3801**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Donnie DeRight, "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:

6077 Riverboat Dr #832
Stuart, FL 34997

Mailing Address:

Donnie DeRight, "L.L.C."
c/o Kimberly Painter
6077 Riverboat Dr #832
Stuart, FL 34997

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:

Kimberly M. Painter
Name
6077 Riverboat Dr #832
Florida street address (P.O. Box **NOT** acceptable)
Stuart, FL 34997
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..

Kimberly M. Painter
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Donnie Harden Jr.
6077 Riverchase Dr #832
Stuart, FL 34997

(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.)

Donnie Harden Jr.
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)



SUNTRUST

PERSONAL
MONEY ORDER

0740473056

64-79611

PAY TO THE
ORDER OF

Department of State

May 18, 09

THE SUNTRUST MONEY ORDER

PURCHASER'S COPY NON NEGOTIABLE

Payable at SunTrust Bank

COMPLETE AND SIGN ORIGINAL IMMEDIATELY
Retain this copy. Refund requests will not be
honored without purchaser's copy.

Handwritten signature
8003

NOT VALID
OVER \$1000.00