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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**09 AUG 24 PM 3:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**J. BRYAN**

**AUG 25 2009**

**EXAMINER**



**HARVEY & BATTEY, PA**  
— ATTORNEYS AT LAW —  
SINCE 1922

P.O. DRAWER 1107 • 1001 CRAVEN STREET • BEAUFORT, SC 29901-1107  
(843) 524-3109 • (843) 524-6973 FAX  
www.harveyandbattey.com

W. BRANTLEY HARVEY, SR.  
(1893-1981)  
W. BRANTLEY HARVEY, JR.  
COLDEN R. BATTEY, JR.  
WILLIAM B. HARVEY, III  
(SC Circuit Court Mediator)  
JOHN M. TATUM, III

THOMAS C. DAVIS  
THOMAS A. HOLLOWAY  
(also admitted in PA and NJ)  
EUGENE PARRS  
(also admitted in NY, NC, FL and GA)  
SHAWN L. REEVES

August 20, 2009

Florida Secretary of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

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09 AUG 24 PM 3:28  
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TALLAHASSEE, FLORIDA

**Re: Doran Wellington Development 1, LLC  
Doran Wellington Development 2, LLC  
Doran Wellington Development 3, LLC  
Doran Wellington Development 4, LLC  
Doran Wellington Development 5, LLC  
Doran Wellington Development 6, LLC**

Ladies and Gentlemen:

I enclose for filing the Articles of Incorporation for each of the six (6) above captioned limited liability companies, as well as a separate form Cover Letter for each.

Our single check for \$960 covering the \$160 filing fee for each is also enclosed.

Please file the Articles for each LLC. Call me if you have any questions.

Thank you.

Very truly yours  
  
Eugene Parrs  
Fla. Bar. No. 0208094

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Doran Wellington Development 1, LLC**  
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:

Eugene Parrs

Name of Person

Harvey & Battey, P.A.

Firm/Company

PO Drawer 1107

Address

Beaufort, SC 29901-1107

City/State and Zip Code

jpicciano@rpcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene Parrs

Name of Person

at ( 843 )

524-3109  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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)

**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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Doran Wellington Development 1, 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:**

4324 Hunting Trail  
Lake Worth, FL 33467

4324 Hunting Trail  
Lake Worth, FL 33467

**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:

Thomas F. Doran, Jr.

Name

4324 Hunting Trail

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

Lake Worth, FL 33467

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.*



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:**

MGRM

Thomas F. Doran, Jr.

4324 Hunting Trail

Lake Worth, FL 33467

MGRM

Casey Doran-Heatherly

1024 Cherry Lane

Wellington, FL 33414

\_\_\_\_\_

\_\_\_\_\_


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\_\_\_\_\_

(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.)

Thomas F. Doran, 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)

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