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**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	orporations			
SUBJECT:	DOR	JETY, LLC		
Jeboleii		ed Liability Company		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Fritz	gerald Francois, Esq.		
		Name of Person		
	Law Offi	ces of Fritzgerald Francois, P.A.	20	
Firm/Company			2010 MAR 19	
	600 South Dixie Hwy, Suite 206			
	Address			
	Bo	ca Raton, Florida 33432	PH	
		y/State and Zip Code	2 0	
<u></u>			71	
		for future annual report notification)		
For further information	concerning this matter, pleas	e call:		
Fritzgerald Franco	is, Esq.	at ( 561 )417-7131		
Name	of Person	Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing For Certificate of Star Certified Copy (additional copy is enclosed)	tus &	
	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		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I- NAME**

The name of the Limited Liability Company shall be: DORJETY, LLC

#### ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

911 SW 6<sup>th</sup> Ave, Suite 108 Delray Beach, Florida 33483

#### **ARTICLE III- PURPOSE(S)**

The purpose for which this Limited Liability Company is organized:

ANY AND ALL LAWFUL BUSINESS.

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SECRETARY OF STATE
TAFLAHASSEE. FLORIDA

#### ARTICLE VI- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:

Colleen S. Dor 911 SW 6<sup>th</sup> Ave, Suite 108 Delray Beach, Florida 33483

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 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.

Registered Agent Signature

### **ARTICLE VII- MANAGER MEMBER**

Title:

Name and Address:

MGRM, President

Colleen S. Dor

911 SW 6<sup>th</sup> Ave, Suite 108 Delray Beach, Florida 33483

MGRM, Vice-President

Jeanty Junior

P.O.Box 934282

Margate, Florida 33093

MGRM, Treasury

Jefferson Dor

6171 Moonbeam Dr

Lake Worth, Florida 33463

Signature of a member or an authorized representative of a member

<u>unior</u> <u>Jean</u> Jeanty Junior SECRETARY OF STATE