

L10000075813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W10-38713

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07/09/10--01028--021 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 9 AM 8:22

FILED

EFFECTIVE DATE 7/2/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2010

DENNIS P. DORE
3020 HARTLEY ROAD, SUITE 250
JACKSONVILLE, FL 32257

SUBJECT: DORE AND ASSOCIATES, CHARTERED, LLC
Ref. Number: W10000032713

We have received your document for DORE AND ASSOCIATES, CHARTERED, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CHARTERED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 210A00016865

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10 JUL 9 AM 8:28
TALLAHASSEE, FLORIDA
DIVISION OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORE and ASSOCIATES, CHARTERED, a Florida Limited Liability Company
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:

Dennis P. Dore

Name of Person

Dore and Associates, Chartered

Firm/Company

3020 Hartley Road, Suite 250

Address

Jacksonville, FL 32257

City/State and Zip Code

mjmaroon@dorelaw.com

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

For further information concerning this matter, please call:

Dennis P. Dore

Name of Person

at (904)

358-7881

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

FILED
10 JUL 9 AM 8:23
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dore and Associates, 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:

3020 Hartley Road

Suite 250

Jacksonville, FL 32257

Mailing Address:

3020 Hartley Road

Suite 250

Jacksonville, FL 32257

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:

Dennis P. Dore

Name

3020 Hartley Road, Suite 250

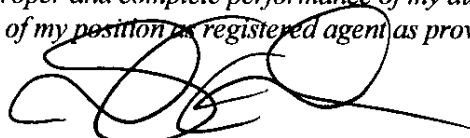
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL 32257

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)

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EFFECTIVE DATE 7/2/10

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Dennis P. Dore

3020 Hartley Road, Suite 250

Jacksonville, FL 32257

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 2, 2010 (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.)

Dennis P. DORE

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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10 JUL 9 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA