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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

T	D: Registration Section Division of Corporations	
SI	UBJECT: Dover LLC	
	Name of Limited Liability Company	
Tł	e enclosed Articles of Organization and fee(s) are submitted for filing.	
Pl	ease return all correspondence concerning this matter to the following:	
	Nicholas Lynn	_
	Name of Person	
	Dover LLC	
	Firm/Company	
	3806 Paola Dr	_
	Address	
	Punta Gorda, FL 33950	-
	City/State and Zip Code	
	nlynn@lyntek.com	
	E-mail address: (to be used for future annual report notification)	
Fo	r further information concerning this matter, please call:	
<u>N</u>	icholas Lynnat (303) 888-2277	
	Name of Person Area Code & Daytime Telephone Number	
E	nclosed is a check for the following amount:	
]\$ 12	25.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	l)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dover LLC (Must end with the words "Limite"	ed Liability Company, "L.L.C.," or "LLC.")	
·		
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
3806 Paola Dr Punta Gorda, FL 33950	1550 Dover St Lakewood, CO 80215	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	vn Registered Agent. You must designate an individual	or another.
The name and the Florida street address of	istered Office, & Registered Agent's Sig vn Registered Agent. You must designate an individual of the registered agent are:	R I C
The name and the Florida street address of Nicholas Lynn	of the registered agent are:	or another, MAR 14 AM
	of the registered agent are:	N OF CORPORA
	Name	AM IT: 5
Nicholas Lynn 3806 Paola D	Name	N OF CORPORATIONS
Nicholas Lynn 3806 Paola D	Name) r	AM IT: 5
Nicholas Lynn 3806 Paola D Florida st Punta Gorda	Name)r treet address (P.O. Box NOT acceptable)	AM IT: 5

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Nicholas Lynn
	1550 Dover St
	Lakewood, CO 80215
MGRM	Patricia Lynn
	1550 Dover St
	Lakewood, CO 80215
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAl be specific and cannot be more than five business days
	<u> </u>
REQUIRED SIGNATURE:	
	^ ^
	\mathcal{A} . \mathcal{A} \mathcal{A}
1 /	
le	elula Type
Signature of a memb	per or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation under I am aware that any false infor	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the penalties of perjury that the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true.

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)

Typed or printed name of signee