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THE ED

D. BRUCE
JUN 14 2011
EXAMINER: 7,3

COVER LETTER

Registration Section
Division of Corporations

TO:

surrect. Design	ns by Dorothy LL	C.	
<u> </u>		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Dorothy S	Smith		
•		Name of Person	
Designs b	by Dorothy LLC.		
		Firm/Company	
1534 Bee	chwood Trail		_
		Address	<u> </u>
Fort Myers,	Florida 33919		JUNIO RHAL
	City	/State and Zip Code	S 5 50
Dorothytsmi	th@comcast.net		
	E-mail address: (to be used for	or future annual report notification)	FS = C
For further information c	oncerning this matter, please	call:	E 25 BRIEN
Dorothy Smith		at (239) 777-3161	چىقى
Name o	f Person	Area Code & Daytime Telephone Nun	nber
Enclosed is a check for	the following amount:		
√ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	0 Filing Fee, cate of Status & ed Copy nal 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Designs by Dorothy LLC	
(Must end with the words "Lin	nited 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:
1534 Beechwood Trail	1534 Beechwood Trail
Fort Myers, Florida 33919	Fort Myers, Florida 33919
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
The name and the Florida street address	s of the registered agent are:
Dorothy Smith	ED
N-78-10	Name
1534 Beech	wood Trail
Florida	street address (P.O. Box NOT acceptable)

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..

City, State, and Zip

_{FL} 33919

Registered Agent's Signature (REQUIRED)

Fort Myers

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
MGR	Dorothy Smith
	1534 Beechwood Trail
	Fort Myers, Florida 33919
(Use attachment if necessary)	
LE.V. Effective date, if other t	han the date of filing: (OPTIONAL
LE V: Effective date, if other t	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other t fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
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fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmat I am aware that any fa constitutes a third degree.	a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
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ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)