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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

STI SCTIVE DATE

COVER LETTER

TO:	Registration Division of	i Section Corporations	· .	
SUB.	JECT: DOX	a Motors, LLC		
	"	Name of Limite	ed Liability Company	
The e	enclosed Articles	of Organization and fee(s) are s	submitted for filing.	•
Pleas	e return all corre	espondence concerning this matt	er to the following:	
	Robert	D. Hopper	•	
			Name of Person	
i'.	Doxa M	otors LLC		
			Firm/Company	
	548 Divi	ine Circle		
			Address	
	Orlando,	FL 32828		
·1*		•	//State and Zip Code	
	DoxaMoto	ers@hotmail.com E-mail address; (to be used for	or future annual report notification)	
For fi	urther informatio	on concerning this matter, please	•	
Roh	ert D. Hopp	per	at (407 \ 232-5555	
		ne of Person	at (407) 232-5555 Area Code & Daytime Tele	ephone Number
Enclo	osed is a check	for the following amount:		
 \$ 125.0	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 Of Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I No.	
ARTICLE I - Name: The name of the Limited Liability Company is:	
Doxa Motors, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11555 Lake Underhill Road	548 Divine Circle
Suite 512	Orlando, FL 32828
Orlando, FL 32825	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered	ered Agent. You must designate an individual or another
	A SO TO
Dr. Tacey K. Hopper	F 2 <u>"</u>
Name	SE -
548 Divine Circle	
Florida street add	ress (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} 32828

Ordacy K Hoppe Registered Agent's Signature (REQUIRED)

Orlando

(CONTINUED)

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Widness Winness Winness	
Robert D. Hopper, MGR	548 Divine Circle
	Orlando, FL 32828
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must leaves after the date of filing.)	te date of filing: November 1, 2011 (OPTIOn be specific and cannot be more than five business
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business SECRETARY ASSESSED ASSE
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a members.	be specific and cannot be more than five business SECRETARY Der or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of a	be specific and cannot be more than five business SECRETARY ASSESSED ASSE
fective date is listed, the date must led days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	Der or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document, er the penalties of perjury that the facts stated herein are true rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

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)