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(Requestor's Name)

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(City/State/Zip/Phone #)

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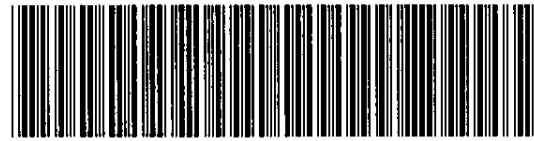
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\_\_\_\_\_  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DOC ON THE SPOT, LLC.**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marjorie Marsie-Hazen  
Doc on the Spot, LLC.  
140 Hunters Trail  
Longwood, FL 32779

E-mail address: [deshazen@gmail.com](mailto:deshazen@gmail.com)

For further information concerning this matter, please call: Marjorie Marsie-Hazen at (407 ) 936-8805

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
DOC ON THE SPOT, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
140 Hunters Trail  
Longwood, FL 32779

**Principal Office Address: Mailing Address:**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:  
Name: Marjorie Marsie-Hazen

140 Hunters Trail  
Florida street address : (P.O. Box NOT acceptable)  
Longwood  
City,  
Florida, 32779  
State, and Zip

*Having been named as registered agent and to accept service of process for, Doc on the Spot, LLC., 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.*

Marjorie Marsie-Hazen  
Marjorie MARSIE-HAZEN, Registered Agent's Signature  
(CONTINUED)

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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

MGRM

**Name and Address:**

Marjorie Marsie-Hazen  
140 Hunters Trail  
Longwood, FL 32779

MGRM

Desseta Marsie-Hazen  
4201 Cathedral Ave NW  
Washington, DC 20016

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_**

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Marjorie Marsie-Hazen

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)**