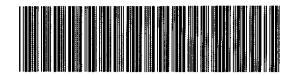
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## **COVER LETTER**

TO: Registration S Division of Co			
<sub>subject:</sub> Doane	CPA Firm LLC		
SUBJECT:		ed Liability Company	n_1,1,20,20-7
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
Andrea R	. Doane	Name of Person	
D 01		Name of Person	
Doane Ci	PA Firm LLC		
		Firm/Company	
707 Roch	ester Loop		
		Address	
Davenport,	FL 33897		
	City	/State and Zip Code	
andreadoan	e@hotmail.com		
	E-mail address: (to be used for	or future annual report notification	)
For further information of	concerning this matter, please	call:	
Andrea R. Doane	)	at (863 ) 420-728	2
Name o	of Person	Area Code & Daytime T	clephone Number
Enclosed is a check fo	r 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)
goda populación obyla sakony obyla	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons or Circle

Service Constitution

5, 2

. . . .

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
DOANE CPA FIRM LLC	
(Must end with the words "Limited Liabili	ity 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:
707 Rochester Loop Davenport, FL 33897	707 Rochester Loop Davenport, FL 33897
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the reaction Andrea R. Doane, CPA	ered Agent. You must designate an individual or another egistered agent are:
Name	HASSEE
707 Rochester Lo	oop Hag ≥ B

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.

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

Registered Agent's Signature (REQUIRED)

Davenport

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Member	
O. a	
110011	
MGRM	Andrea R. Doane
	707 Rochester Loop
	Davenport, FL 33897
(Use attachment if necessary)	
(Ose attachment if necessary)	
	, ,
<b>FICLE V:</b> Effective date, if other than the	e date of filing: ///20/2 .(OPTIONAL)
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n effective date is listed, the date must be r 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	be specific and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more than five business days processed and cannot be more t

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)