

L13000003991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

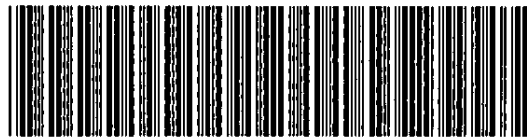
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/07/13--01005--002 **100.00

12/19/12--01017--013 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN - 7 PM 3:41

JAN - 8 2013

T. HAMPTON

10669-24

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORBUCK LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

THOMAS BUCKLEY
Name of Person

DORBUCK LLC
Firm/Company

218 ARBOR MEADOWS CT
Address

FAIRVIEW HTS ILLINOIS 62208
City/State and Zip Code

tom.buckley SD @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS BUCKLEY at (618) 2356081
Name of Person Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 JAN -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 20, 2012

THOMAS BUCKLEY
218 ARBOR MEADOWS CT
FAIRVIEW HTS, IL 62208

SUBJECT: DORBUCK LLC
Ref. Number: W12000062901

We have received your document for DORBUCK LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$100.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Business entities which are filing late in the current calendar year and do not anticipate transacting business until January 1st of the upcoming calendar year may wish to adopt a January 1st effective date. By adopting a January 1st effective date your business entity's existence will not become effective until January 1st of the upcoming calendar year and its first annual report filing requirement will be delayed by one calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00030073

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOR BUCK LLC

(Must end with the words "Limited 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:

218 ARBOR MEADOWS CT
FAIRVIEW HTS ELLIMORE 62208

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

THOMAS G. BUCKLEY, JR

Name

6 RUBY A PARKWAY UNIT 609

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

BOKA RATON FL 33432

City, State, and Zip

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.

Thomas G. Buckley, Jr

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

member

DORIS M BUCKLEY

218 ARBOR WICKHAMUS CT
FAIRVIEW HTS FL 62208

MGRM

THOMAS G BUCKLEY JR

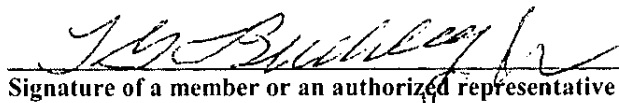
218 ARBOR WICKHAMUS CT
FAIRVIEW HTS FL 62208

(Use attachment if necessary)

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.)

T.G. BUCKLEY JR
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)