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#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

DOC'S RESTORATIONS, LLC

Name of Limited Liability Company

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

Please return all correspondence concern	ing this matter to the following:
GEORGE K. R	AHDERT
	Name of Person
Rahdert, Steel	e, Reynolds & Driscoll, P.L.
	Firm/Company
535 Central Av	enue
· · · · · · · · · · · · · · · · ·	Address
St. Petersburg,	FL 33701
	City/State and Zip Code
avelardi@rahdertlav	
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this	natter, please call:
George K. Rahder	at ()
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	; amount:
□\$125.00 Filing Fee ■\$130.00 Fi Certificate	

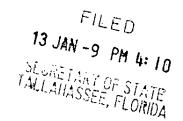
#### Mailing Address

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 OF DOC'S RESTORATIONS, LLC



#### ARTICLE I - Name

The name of the Limited Liability Company is: DOC'S RESTORATIONS, 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:

6036 Central Avenue St. Petersburg, Florida 33707 6036 Central Avenue St. Petersburg, Florida 33707

### <u>ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature</u>

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

George K. Rahdert, Esq. 535 Central Avenue St. Petersburg, Florida 33701

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 related 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.

Resident Agent's Signature

#### ARTICLE IV - Managers or Managing Members

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Howard Becker 6036 Central Avenue St. Petersburg, Florida 33707

#### ARTICLE V - Effective Date

The effective date shall be the date of filing.

IN WITNESS WHEREOF, the undersigned has executed these Articles of

Organization this FTH day of JANUARY 201

Howard Becker Managing 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.

#### State of Florida

County of Pinellas

Subscribed and sworn to (or affirmed) before me this  $7^{\text{th}}$  day of January , 2013 by Howard Becker

Signature

(SEAL) Print, Type or Stamp Name of Notary

My commission expires May 6<sup>th</sup>, 2015

