

L140000031901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

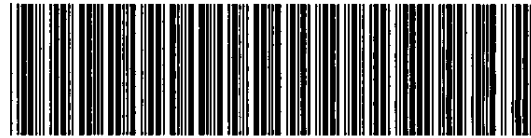
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/24/14--01034--011 **125.00

FILED
2014 FEB 24 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#1. Sullivan FEB 25 2014

February 21, 2014


Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find the Articles of Organization for DocFlowPro, LLC along with a check for \$125.00 for the required filing fees. Please contact me if you have any questions.

Andriana Abraham
2818 Cypress Ridge Blvd. Ste 110
Wesley Chapel, FL 33544
813.300.6049
Ana@docflowpro.com

Thank you,



Andriana Abraham

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DocFlowPro 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:

Andriana Abraham
Name of Person

DocFlowPro LLC
Firm/Company

2818 Cypress Ridge Blvd. Ste. 110
Address

Wesley Chapel, FL 33544
City/State and Zip Code

Ana@docflowpro.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Abraham at (813) 3000165
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DocFlowPro 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:

2818 Cypress Ridge Blvd.
Ste. 110
Wesley Chapel, FL 33544

2818 Cypress Ridge Blvd.
Ste. 110
Wesley Chapel, FL 33544

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:

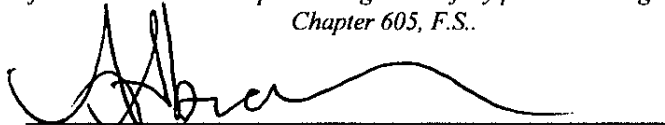
Andriana Abraham
Name

2818 Cypress Ridge Blvd. Ste. 110
Florida street address (P.O. Box **NOT** acceptable)

Wesley Chapel FL 33544
City Zip

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Andriana Abraham

2818 Cypress Ridge Blvd. Ste 110

Wesley Chapel, FL 33544

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Andriana Abraham

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)