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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SEORETARY OF STATE ALLAHASSEE, FLORIDA 2014-FEB 26 AM 10: 2

FEB 2 7 2013 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations	, y
SUBJI	ECT: Doer's L.L.C Name o	f Limited Liability Company
	closed Articles of Organization and fee return all correspondence concerning th	-
	Chervi Lynn Thomas	Name of Person
	Doer's L.L.C	Firm/Company
	1302 Atlentic Drive	Address
	Ruskin, FL 33570	City/State and Zip Code
	homes 81 Olive com. E-mail address: (to be ther information concerning this matter,	used for future annual report notification)
Chery	Lynn Thomas Name of Person	at (<u>813</u>) <u>785-1004</u> Area Code Dâytime Telephone Number
	of is a check for the following amount: O Filing Fee S130:00 Filing Fee Certificate of Statu	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tällähässee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	··.
Doer's L.L.C (Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1302 Atlantic Drive Ruskin: FL 33570	1302 Atlantic Drive Ruskin FL: 33570
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate an individual or registration.)
Charyl Lynn Thoma:	,
	Name
221 Lookout Drive Florida street address	(P.O. Box NOT acceptable)
Apollo Seach City	FL 33570 Zip
the place designated in this certificate, I he capacity. I further agree to comply with the p	o accept service of process for the above stated limited liability company at reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance cept the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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SECRETARY OF STAFF

<u>ltle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Cheryl Lynn Thomas
	221 Lookout Drive
•	Apolio Beach, Fj. 33570
· · · · · · · · · · · · · · · · · · ·	**************************************
V: Effective date, if other than the ditive date is listed, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the cative date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9
Use attachment if necessary) V: Effective date, if other than the oritive date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date is listed, the date must be filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the of tive date is listed, the date must be filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)

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