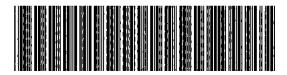
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DOR BOYYOME 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:
JOE BONNONE Name of Person
Name of Person
Due Borrone LLC.
Firm/Company
991 AISTON BAY BIUD
Address
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Doe Barone L.L.C.	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
991 Alston Bau Bluil 1972929 FI 32703	991 AISTEN BOUR BLUXL APORKA FI 32763
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	
The name and the Florida street address of the registered a	egent are:
Ja Borrone Name	2
901 AISTZM BOW Florida street address (P.O. Box)	
APORA	FL 30703
City	Ζip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in g 605, F.S
Registered Agent's Signatu	TO (REQUIRED)
Registered Agenta Signatu	ire (REQUIRED)
(CONTINUE	D) (2)
Page 1 of 2	TERRE 37

(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member of an affirmation under the penalties of perjury that the facts stated herein are true. In aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fee for Articles of Organization and Designation  (OPTI fective date, if other than the date of filing:  (OPTI fective date is listed, the date must be specific and cannot be more than five business days is of filing:  (OPTI fective date is listed, the date must be specific and cannot be more than five business days is of filing:  (OPTI fective date is listed, the date must be specific and cannot be more than five business days is of filing:  (OPTI fective date is listed, the date must be specific and cannot be more than five business days is of filing:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document are true. In aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S.)	MGR	Gal Alstrin Ban Bull APORKA FI 32705
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