

L1400 0000291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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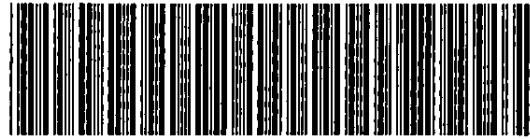
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2014

D GRANT LEGGETT
301 W BAY ST SUITE 1405
JACKSONVILLE, FL 32202

SUBJECT: DOVETAIL, LLC
Ref. Number: W14000033726

We have received your document for DOVETAIL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00011681

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dovetail, 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:

D. Grant Leggett
Name of Person

Firm/Company

301 W. Bay Street, Suite 1405
Address

Jacksonville, FL 32202
City/State and Zip Code

lynwoody@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Grant Leggett at (904) 281-9102
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

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**ARTICLES OF ORGANIZATION
OF
DOVETAIL, LLC**

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is Dovetail, LLC, ("company").

ARTICLE II - PURPOSE

The purpose for which the company is organized shall be to own and manage real property and the engagement of any lawful business or investment activity as the Members may from time to time determine.

ARTICLE III - MEMBERS

The admission of new Members shall be subject to the unanimous approval of the existing Members of the company.

ARTICLE IV - INDEMNIFICATION

Unless expressly prohibited by Florida law, the Company shall indemnify and hold harmless any Member or Member-Manager from and against any and all claims and demands against such person whatsoever which relate in any manner to or arise from the activities of the company or assets owned by the company.

ARTICLE V - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9584 Glenn Abbey Way
Jacksonville, Florida 32256

Mailing Address:

9584 Glenn Abbey Way
Jacksonville, Florida 32256

ARTICLE VI - REGISTERED AGENT

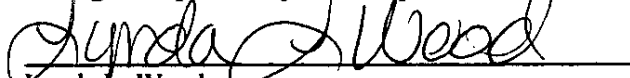
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

FILED
JAN 23 2 19 PM
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

Lynda L. Wood
9584 Glenn Abbey Way
Jacksonville, Florida 32256

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.


Lynda L. Wood

ARTICLE VII – MEMBER-MANAGED

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

"AMBR"

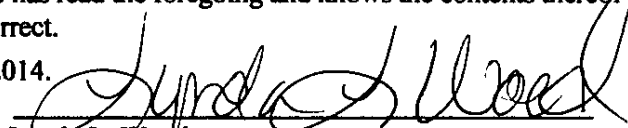
Lynda L. Wood, individually as Manager, and
Lynda L. Wood, Trustee of the Lynda L. Wood
Revocable Living Trust U/A/D, May 1, 2014, as
Member
9584 Glenn Abbey Way
Jacksonville, Florida 32256

ARTICLE VIII – EXECUTION

Under penalties of perjury, the undersigned, Lynda L. Wood, trustee of the Lynda L. Wood Revocable Living Trust U/A/D, May 1, 2014, constituting the sole Member of the company, having been duly authorized, declares that she has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

DATED June 9, 2014.

REQUIRED SIGNATURE:


Lynda L. Wood, as Trustee of the Lynda L. Wood Revocable Living
Trust U/A/D, May 1, 2014, as the sole Member.

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.)