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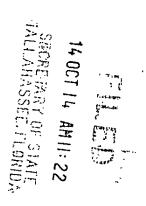
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>DomiDocs. LLC</u> Name of L	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	matter to the following:	
	William N. McKenna IV		
		Name of Person	
	DomiDocs, LLC		
		Firm/Company	
	2336 SE Ocean Blvd. Ste. 376		
		Address	
	Stuart, FL. 34996-3310		
		City/State and Zip Code	
w	lliam@domidocs.com E-mail address: (to be us	ed for future annual report notifica	ation)
For fu	ther information concerning this matter, plo	ease call:	
Willia	n McKenna at (Name of Person	772) 210-1124 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
3 \$125.0	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	Street/Courier Add	ress
	Registration Section	Registration Section	tions

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

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:			
DomiDocs, LLC	·· · · ·		
(Must end with the words "Lin	nited Liability C	Company, "L.L.C.,"	' or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of the princip	pal office of the	Limited Liability	Company is:
Principal Office Address:	<u>Mailing</u>	g Address:	
2336 SE Ocean Blvd. Ste. 376	2336 S Ste. 37	E Ocean Blvd.	
Stuart, FL. 34996-3310		FL 34996-3310	
The name and the Florida street address of the regist William N McKenna IV	-		-
N	lame		
1 W High Point Rd.			
Florida street address (P.O.	. Box NOT acce	eptable)	-
Sewalls Point	FL	34996	
City		Zip	-
Registered Agent's S	iccept the appointions of all statut ions of all statut the obligations of Chapter 605, F.S	ntment as registered es relating to the party position as reg	d agent and agree to act in this roper and complete performance
rage	1012		

	Name and Address:
"MGR" = Manager	NAPIR NA AA AA MA
MGR	William N. McKenna IV
	1 W High Point Rd.
	Sewalls Point, FL. 34996
	·
	
(Use attachment if necessary)	
e of filing.)	
LE VI: Other provisions, if any.	
•	
•	
•	
REQUIRED SIGNATURE: Signature of a memi	ber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a memil (In accordance with section 605.0	ber or an authorized representative of a member. 2003 (1) (b), Florida Statutes, the execution of this document
Signature of a memiliar accordance with section 605.0 constitutes an affirmation under the section of the secti	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Signature of a memiliar (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information to the section of the se	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true; tion submitted in a document to the Department of State
Signature of a memi (In accordance with section 605.0 constitutes an affirmation under t I am aware that any false informa constitutes a third degree felony a	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State of the penalties of perjury that the facts stated herein are true to submitted in a document to the Department of State of the penalties of perjury that the facts stated herein are true to submitted in a document to the Department of State of the penalties of perjury that the facts stated herein are true.
Signature of a memiliary formation under to I am aware that any false information to stitutes a third degree felony a William N. McKenn	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Signature of a memiliary formation under to I am aware that any false information to stitutes a third degree felony a William N. McKenn	ber or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true; tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
Signature of a memiliary formation under to I am aware that any false information to stitutes a third degree felony a William N. McKenn	ber or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are truestion submitted in a document to the Department of State consists provided for in s.817.155, F.S.) 14 OCT Provided France Provided France
Signature of a memiliary formation under the second and the second	ber or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true; tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)

ARTICLE IV-