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### **COVER LETTER**

SUBJECT:	Donial Ent	erprises, LLC			
SCHOLET.		Name of	Limited Liabil	ity Company	
The enclosed	d Articles of	Organization and fee(s)	are submitted	for filing.	
Please return	all correspo	ondence concerning this	matter to the f	following:	
	Donald Hind	kley			
-			Name of	Person	
	Doniel Enter	rprises, LLC			
-			Firm/Co	mpany	
;	3379 Donald	i Ave.			
_			Addr	ess	
1	Key West, F	L 33040			
-			City/State an	d Zip Code	
<u>d</u>	on.hinckley(	@gmail.com			
	E	E-mail address: (to be us	sed for future a	nnual report notifica	ation)
for further inf	ormation co	ncerning this matter, ple	ease call:		
Ι	Donald Hinc		802	591-3953	
	Nam	e of Person	Area Code	Daytime Telepho	one Number
Enclosed is a	a check for th	ne following amount:			
\$125.00 Fili	ng Fee	\$130.00 Filing Fee & Certificate of Status		0 Filing Fee & ed Copy	\$160.00 Filing Fee, Certificate of Status &

# Mailing Address

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

## **Street Address**

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
Donial Enterprises,	LLC with the words "Limite	II inhility Common	WILC 200 WILC 2)	
ARTICLE II - Address: The mailing address and street a				
Princip	al Office Address:		Mailing Address:	
3379 Donald Ave. Key West, FL 33046	)		Donald Ave. West, FL 33040	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	Registered Agent.		al or
The name and the Florida street	address of the registere	d agent are:		国名 3
	Donald Hinckley			ZOJE JUN
	-	Name		
	3379 Donald Ave.			20 1
	Florida street addres	ss (P.O. Box <u><b>NOT</b></u> a	cceptable)	<b>₹</b>
	Key West	FL	33040	ြော္လ
	City	State	Zip	<b>登雨  5</b>

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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Donald Hinckley
	3379 Donald Ave.
	Key West, FL 33040
AMBR	Daniel Wiggins
	3379 Donald Ave.
	Key West, FL 33040
(Use attachment if necessary)	-CCU
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL)  ceific and cannot be more than five business days prior to or 90 days  seet the applicable statutory filing requirements, this date will not be lised State's records.
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LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mument's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date will not be lis
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mument's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date will not be lis

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: