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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dox (P. Dood P. 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:
Kristi Alvarez Name of Person
Doxie Doodle Firm/Company
15764 93 rd Ln. N. Address
T. 11 - 2017
Jupiter FL. 33478 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristi Alvarez at (954) 336-5390 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

APPROVE AND articles of organization for florida limited liability company LED

ARTICLE I - Name: The name of the Limited Liability Company is: Doxle Doodle (Must end with the words "Limited L	SECRETARY OF STATE FALLAHASSEE FLORIDA Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office.	ice of the Limited Liability Company is:	
Principal Office Address: 15764 93 ^{V&} LO, N 5491+eC, FL: 33478 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	gent are-	
Kristi Alvarez Name 15764 93 rd Ln.N. Florida street address (P.O. Box NOT acceptable) Tupiter FL 33478 City Zip		

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.

ent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person authorize	ed to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager Oune	15 JUL 14 PM 4:28
	Jupiter , FL BBHMSHE HORD
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing the state of the s	ng:
ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific at the date of filing.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days afte
ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days afte
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Page 2 of 2