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COVER LETTER

₩O:	Registration Section Division of Corporations
SUBJE	Law Office of Stephen Doty, LLC.
SOBJE	CT: Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Stephen Dory
	Name of Person
	Law Office of Stephen Doty, LLC.
	Firm/Company
	3463 Cypresswood Dr S
	Address
	Jacksonville FL 32257
	City/State and Zip Code stephendotyjax@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Stephen Duty at (704) 416 8328 Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
] \$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Al	RT.	ICI	Æ	i - J	N	a me	
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ARTICLE I - Name:
The name of the Limited Liability Company is:

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			15 NOV	24 PM 4	
Law Office of Steph	en Doty, LLC.		Oran) •
(Must end	with the words "Limited	Liability Company	, "L.L.C.," or "LLC." PALLAHA	SSEE HOR	ATE
ARTICLE II - Address: The mailing address and street a					14, \$
<u>Princip</u>	oal Office Address:		Mailing Address:		
50 N Laura St Suite	2500	3463	Cypresswood Dr S		
Jacksonville FL 322	02	Jack	sonville FL 32257		
The name and the Florida street	Stephen Doty				
		Name			
	3463 Cypresswood I	or S			
	Florida street addres	s (P.O. Box <u>NOT</u> a	eceptable)		
	Jacksonville	FL	32257		
	City	State	Zip		
	o.i.y		z.p		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	ARTICLE IV-	FILED
		on authorized to manage and control the Limited Liability Company:
		15 NOV 24 PM 4: 49
	Title:	Name and Address:
	"AMBR" = Authorized Member	SECRETARY OF STATE
	"MGR" = Manager	TALLAHASSEE ELORIDA
	MGR	Stephen Doty
		3463 Cypresswood Dr S Jacksonville FL 32257
		SackSonvine L 52257
		
		· · · · · · · · · · · · · · · · · · ·
		•

	(Use attachment if necessary)	
ti(CLE V: Effective date, if other than the	date of filing: 12/01/2015 (OPTIONAL)
		e specific and cannot be more than five business days prior to or 90 days after
	te of filing.)	
		not meet the applicable statutory filing requirements, this date will not be listed a
e do	cument's effective date on the Departm	nent of State's records.
TT	CLE VI: Other provisions, if any.	
7116	CLE VI: One: provisions, if any.	
		
	REQUIRED SIGNATURE:	
		L 1997
		5) 0/1/
	Signature of	member or an authorized representative of a member.
	This document is ex	secuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	I am aware that any	false information submitted in a document to the Department of State
	constitutes a third de	egree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Stephen Doty