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## COVER LETTER

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TO:	Registration Section Division of Corporations	
SURT	Dobrilovic Real Estate LLC. JECT:	
	JECT:Name of Limited I.	iability Company
The en	enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please	e return all correspondence concerning this matter to	the following:
	Jela Dobrilovic	
	Nan	ne of Person
	Dobrilovic Real Estate LLC.	
	Firi	n/Company
	8732 Ashworth Dr.	
		Address
	Tampa, FL 33647	
	City/Sta JelaDobritovic@gmail.com	te and Zip Code
	E-mail address: (to be used for fut	ture annual report notification)
For furt	ther information concerning this matter, please call:	
	Jela Dobritovic 813 at (	735-0319
	Name of Person Area Co	de Daytime Telephone Number
Enclos	osed is a check for the following amount:	
	5.00 Filing Fee S130.00 Filing Fee & S Certificate of Status	155.00 Filing Fee & S160.00 Filing Fee, ertified Copy litional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing 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:

Dobrilovic Real Estate LLC. (Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office	s of the Limited Liability Company is:	·· 2 .	16 J	
Principal Office Address:	Mailing Address:		JAH I	
8732 Ashworth Dr.	8732 Ashworth Dr.	55		11
Tampa, FL 33647	Tampa, FL 33647	mc:	<b>F</b> M	1 1 1 
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ARTICLE III - Registered Agent, Registered Office, & R		T ORI	H11: 58	, 1

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

	Name	
8732 Ashworth Dr		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Tampa	FL	_33647
City	State	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.

Nil Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## ARTICLE IV-

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

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	obrilovic	
	Ashworth Dr.	
Татря	. FL 33647	
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (OPTIONAL) (It an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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MEXCEN	ED SIGNATURE: () COPUNCT
	Signature of a member or an authorized representative of a member. This document is executed 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 degree felony as provided for in s.817.155, F.S.
	Jela Dobrilovic
	Typed or printed name of signee
	Filing Fees;

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