

L16000026236

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 8 2016

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DORELIEU D. L.L.C  
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:

Marie Dorelieu  
Name of Person

\_\_\_\_\_  
Firm/Company

2119 Willesdon Drive East  
Address

Jacksonville, FL 32246  
City/State and Zip Code

Sid32257@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Dorelieu at (904) 302-3334  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2015

DORELIEEN MARIE  
3544 ST JOHN BLUFF RD SOUTH, #1003  
JACKSONVILLE, FL 32224

SUBJECT: DORELIEN D L.L.C.  
Ref. Number: W15000066338

We have received your document for DORELIEN D L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible. The document should be typewritten or printed legible.

The document must contain both the street address of the principal office and the mailing address of the entity.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 615A00021113



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2015

DORELIEEN MARIE  
2119 WILLES DON DRIVE EAST  
JACKSONVILLE, FL 32246

SUBJECT: DORELIEEN D. "L.L.C.,"  
Ref. Number: W15000066338

We have received your document for DORELIEEN D. "L.L.C.," and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 615A00026020

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16 JAN 25 PM 2:14  
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DORELIEN D. "L.L.C."

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2119 Willesdon Drive East  
Jacksonville, FL 32246

Mailing Address:

Broken Arrow Road  
Hilliard, FL 32046

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:

Marie Dorelien  
Name

2119 Willesdon Drive East

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32246  
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..

Marie Dorelien

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR Marie Dorelien  
2119 Willersdon DR E.  
Jacksonville, FL 32246

(Use attachment if necessary)

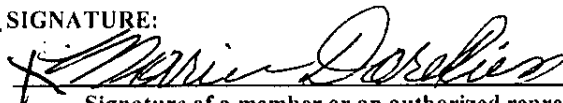
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If 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.)

**Note:** 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.

**REQUIRED SIGNATURE:**



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.

MARIE DORELIEN

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)