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(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE FALLAHASSEE FLORIDA

#

**COVER LETTER** 

TO: Registration Section Division of Corporations
SUBJECT: DOBRO MOTORS LLC  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:
DOBROSCAU HAJBK Name of Person
DABRO MOTORS LLC
Firm/Company  228 HIBISCUS STROBT BAY #6  Address
Address
TUPMER, FLORIDA 33458
TUPITER, FLORIDA 33458  City/State and Zip Code  DOBRO _ H & HOTMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DOBROSLAV HAJBK at ( 561 ) 741- 8647
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

DOBRO MOTORS LLC

16 JUN 20 PM 3: 46

ARTICLE I - Name:

The name of the Limited Liability Company is:

words "Limited I	Liability Comp	any, "L.L.C	.," or "LLC	).") <i>19</i> 0	LAHASSEE FL
the principal off	ice of the Limi	ted Liability	Company		
Address:			Mailing	Address	<b>:</b>
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to accept service accept the appoi of all statutes, rela of my position as Register	e of process for intment as regis aying to the pro- s registered aye and Agent's Sig	the above st stered agent of the ond com ant as provide nature (REC	ated limite and agree i plete perfo ed for in Ci	d liability to act in th rmance oj	is capacity. I fmy duties, and I
	the principal off  Address:  STESST  Register  Register	Address:  Address (Registered Agent are:  Address (P.O. Box NO)  Address:  A	Address:  STEPST B	Address:  Mailing  STEBST B	Address:  Mailing Address  STRANT  Mailing Address  Mailing Address

Page 1 of 2

	134 1	Name and Address:	O JUN 20
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