

L17000124361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

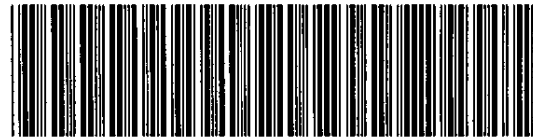
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

<\$130.75>

Office Use Only



000298676780

05/02/17--01005--007 \*\*78.75

06/07/17--01020--019 \*\*52.00

FILED  
17 JUN -7 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-037955

06/08/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2017

DOUGLAS SANTOYA  
825 N.E. 16TH PL., STE. 1  
FT. LAUDERDALE, FL 33305

\*\*\* 2ND CORRECTION \*\*\*

SUBJECT: DOUG SHINES PROPERTY'S  
Ref. Number: W17000037955

We have received your document for DOUG SHINES PROPERTY'S and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 217A00008645

RECEIVED  
17 JUN -6 PM 3:15  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Doug Shines Property's Lawn Service 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:

Douglas Santoya  
Name of Person

Doug Shines Property's Lawn Service LLC  
Firm/Company

825 N.E. 16 PL ONH #1  
Address

FORTLAUDERDALE FL 33305  
City/State and Zip Code

douglassantoya134@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Santoya at 954 , 756 0058  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dora Shines Property's LAUNDRY SERVICE LLC  
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Doug Santoya  
825 N.E 16 PL UNIT #1  
FORT LAUDERDALE FL 33305

Mailing Address:

Doug Santoya  
825 N.E 16 PL UNIT #1  
FORT LAUDERDALE FL 33305

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:

Douglas Santoya  
Name  
825 N.E 16 PLACE UNIT #1  
Florida street address (P.O. Box **NOT** acceptable)  
FORT LAUDERDALE FL 33305  
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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 JUN -7 AM 8:52  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

DOUGLAS SANTOYA

825 N.E 16 PL SUITE #1

FORT LAUDERDALE FL 33305

(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.

DOUGLAS SANTOYA

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)

SECRETARY OF STATE  
FLORIDA

17 JUN -7 AM 8:52

FILED