

L17000152904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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Special Instructions to Filing Officer:

Office Use Only



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JUL 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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June 29, 2017

ANNETTE LOUISE HAY
2101 W HWY 390 APT 305
LYNN HAREN, FL 32444

SUBJECT: DCC L.L.C.
Ref. Number: W17000054146

We have received your document for DCC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P00000093123.

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.

Carlos E Rico
Regulatory Specialist II

Letter Number: 717A00013176

RECEIVED
17 JUL 13 PM 4:35
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DCC
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:

Annette Louise Hay
Name of Person

DCC
Firm/Company

2101 W Hwy 390 Apt 305
Address

Lynn Haven, FL 32444
City/State and Zip Code

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

For further information concerning this matter, please call:

Annette L Hay at 850 238-1995
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOC "Zoujin 5977" 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: 1507 Spring Gate Dr. Apt 605 Panama City, FL 32404
Mailing Address: 1507 Spring Gate Apt 605 Panama City, FL 32404

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:

Annette Louise Hay
Name
1507 Spring Gate Dr. Apt 605
Florida street address (P.O. Box NOT acceptable)
Panama City, FL 32404
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.

Annette Louise Hay
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:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Annette L. Hay

1507 Spring Gate Dr.

APT 605

Panama City, FL 32404

EIN: 46-0963544

(Use attachment if necessary)

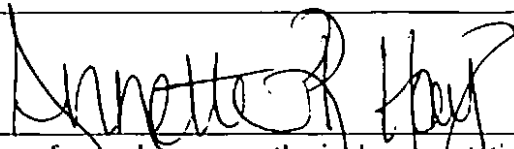
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Annette L. Hay

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)

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