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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

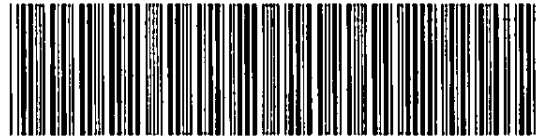
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Julie Dolan Consulting Group, 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:

Peter M. Feaman, Esq.

Name of Person

PETER M. FEAMAN, P.A.

Firm/Company

3695 West Boynton Beach Boulevard, Suite 9

Address

Boynton Beach, FL 33436

City/State and Zip Code

pfeaman@feamanlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter M. Feaman, Esq.

561

734-5552

at ( )

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

*The Law Offices  
of*  
**PETER M. FEAMAN, P.A.**  
Strategic Counselors. Proven Advocates.™



[www.FeamanLaw.com](http://www.FeamanLaw.com)

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Paula S. Marra, Esq. of Counsel

3695 W. Boynton Beach Blvd.  
Suite 9  
Boynton Beach, FL 33436  
Telephone: 561-734-5552  
Facsimile: 561-734-5554

October 10, 2017

VIA FED EX

Department of State  
DIVISION OF CORPORATIONS  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Julie Dolan Consulting Group, LLC**

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Articles of Organization for Florida Limited Liability Company for Julie Dolan Consulting Group, LLC. Also, enclosed is a check in the amount of \$125.00 made payable to the Florida Department of State for the filing fee.

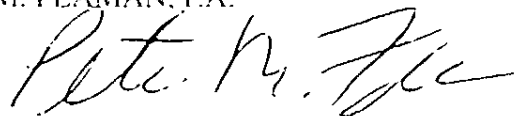
Please forward a copy of the filed Articles of Organization in the self-addressed stamped envelope provided herein.

Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

PETER M. FEAMAN, P.A.

By: \_\_\_\_\_

  
Peter M. Feaman

PMF/tr

Enclosures

cc: Julie Dolan (via email only w/enclosures)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Julie Dolan Consulting Group, 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:

16320 East Prestwich Drive  
Loxahatchee, FL 33470

Mailing Address:

P. O. Box 211544  
Royal Palm Beach, FL 33421

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:

Peter M. Feaman, Esq.

Name

3695 West Boynton Beach Boulevard, Suite 9

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

Boynton Beach                      FL                      33436

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRET  
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

MGR

**Name and Address:**

Julie Dolan

16320 East Prestwich Drive

Loxahatchee, FL 33470

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

Julie Dolan

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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SECRETARY OF STATE  
ALLAHACSEE FLORIDA