L18000 200332

(Requestor's Name)					
(Address)					
(Address)					
(radicas)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Bootimon, tames),					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

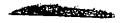


500317019935

08/20/18--01034--024 **130.00

TRAUG 20 AM 94 91

C RICO AUG 2 0 2018





THE LAW OFFICES OF

HOYT & BRYAN, LLC

FAMILY WEALTH & LEGACY COUNSELLORS

MARGARET "PEGGY" R. HOYT, J.D., M.B.A., B C.S **
RANDY C. BRYAN, J.D., B.C.S.† *
SARAH, S. AUMILLER, J.D.
MICHELLE A. ADAMS, J.D.

‡ BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES

† BOARD CERTIFIED IN ELDER LAW

*CERTIFIED LEGACY ADVISOR***

July 24, 2018

VIA FEDEX
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Creation of Limited Liability Company – DOODLE INVESTMENTS, LLC

Dear Sir or Madam:

Enclosed please find the original Articles of Organization and Designation of Registered Agent for the above referenced Limited Liability Company. Please file at your earliest convenience. Also enclosed is our check for:

Please file at your earliest convenience. Our firm's check for:

(X) \$130
Filing Fees for
Conversion and Articles
of Organization,
Designation of Registered
Agent, Certificate of
Status

Please let me know if you have any questions or concerns. Thank you for your prompt attention to this matter.

Sincerely,

Michelle A. Adams

Attorney & Counsellor at Law

Enclosures: as stated

MH/ma

COVER LETTER

TO:	New Filing Section Division of Corporations			
erib ica	Doodle Investments, LLC			
SUBJE		Limited Liabilit	y Company	
The enc	losed Articles of Organization and fee(s)	are submitted	for filing.	
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:	
	Hubert K. Fouque			
		Name of I	Person	
		Firm/Cor	mpany'	
	1216 Palm Breeze Court			
		Addre	rss	
	Lake Mary, Florida 32746			
	MidE@NationuideFloat com	City/State and	l Zip Code	
	KirtF@NationwideFleet.com E-mail address: (to be us	sed for future a	nnual report notification	nn)
For firetha	er information concerning this matter, pla			,
i Or Turcik				
		.407 (977-8080)	
	Name of Person	Area Code	Daytime Telephone	Number
Enclose	d is a check for the following amount:			
	Filing Fee S130.00 Filing Fee & Certificate of Status	L—lCertifie	0 Filing Fee & d Copy d 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 Corporatic Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Doodle Investme			
(Must co	ontain the words "Limited Li	ability Company, '	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	at address of the principal offi	ice of the Limited	Liability Company is:
Princ	cipal Office Address:		Mailing Address:
1216 Palm Breeze Ct.		Sam	e
	1 00740		
(The Limited Liability Compa	Agent, Registered Office, & any cannot serve as its own R	tegistered Agent. Y	t's Signature: 'ou must designate an individual or
ARTICLE III - Registered a (The Limited Liability Companion)	Agent, Registered Office, & any cannot serve as its own R an active Florida registration.	tegistered Agent. Y .)	
ARTICLE III - Registered a (The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. Set address of the registered a Hubert K. Fouque	tegistered Agent. Y .)	
ARTICLE III - Registered a (The Limited Liability Companion of business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. Set address of the registered a Hubert K. Fouque	egistered Agent. Y gent are: Name	
ARTICLE III - Registered a (The Limited Liability Companion of business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration, eet address of the registered a Hubert K. Fouque	egistered Agent. Y gent are: Name	ou must designate an individual or
ARTICLE III - Registered a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. Set address of the registered a Hubert K. Fouque	egistered Agent. Y gent are: Name	'ou must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

18 AUG 20 AM 9: 51

<u>Title:</u> "AMBR" =	Authorized Member	Name and Address:
"MGR" = N		
AMBR		Hubert K. Fouque
		1216 Palm Breeze Ct.
		Lake Mary, FL 32746
AMBR		Michele J. Fouque
		1216 Palm Breeze Ct.
		Lake Mary, FL 32746
		
		
(I lse attach	ment if necessary)	
(Ose attach	nem n necessary;	
ICLE V: Effect	ive date, if other than the d	late of filing: Date of Filing (OPTIONAL)
effective date i	s listed, the date must be	specific and cannot be more than five business days prior to or 90 days a
ate of filing.)		
		of meet the applicable statutory filing requirements, this date will not be list
ocument's effec	tive date on the Departme	ent of State's records.

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.

Habert K. Fougue
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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)