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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Dove Road, 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:
Lora Lastra Name of Person
Firm/Company
1537 Saragossa Avenue Address
Coral Gables, FL 33134 City/State and Zip Code Loralastra@me.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lora Lastra at (305) 903-2271 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dove Road, LLC		
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "L1	.C.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Compa	any is:
Principal Office Address:	<u>Maili</u>	ng Address:
		L.33134
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.) The name and the Florida street address of the registered ager		ate an individual or
<u>Lora Lastra</u> Nai	 ne	
11-27.0		
<u>1537 Saragossa Aye</u> Florida street address (P.C	enue D. Box <u>NOT</u> acceptable)	
Coral.Gables, FL 33 City	State Zip	
laving been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appointm further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as reg	ent as registered agent and agr g to the proper and complete pe	ee to act in this capacity. To reformance of my duties, and I
Lova John	1	<u> </u>
	Agent's Signature (REQUIRED))

SECRLIARY OF STATE

ARTICLE IV-

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

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	"MGR" = Mana			
AMBR Lora Lastra 1537 Saragossa Avenue Coral Gables, FL 33134 AMBR Raul Lastra 1537 Saragossa Avenue Coral Gables, FL 33134 Coral Gables, FL 33134 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED 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. Lora Lastra Typed or printed name of signee Filing Fees: \$125.00 Certified Copy (Optional) \$5.00 Certified Copy (Optional)		EUC		
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