

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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Email Address:

FLORIDA LIMITED LIABILITY CO.

DOTHAN INVESTMENT Partners, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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COVER LETTER

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SUBJECT		estment Partners, LLC					
ообре.	•	Name of	Limited Liab	pility Company	· · · · · · · · · · · · · · · · · · ·		
The enclos	ed Articles of	Organization and fee(s) are submitt	ed for filing.			
Please retu	m all correspo	ndenec concerning this	matter to the	tollowing:			
	Joseph Suchy	/ta, Esq.					
			Name	of Person			
	The Law Off	Ice of Joseph Suchyta					
	-		Firm/C	Company			
	1420 NE Mi	ami Place, #2911					
			Ad	drass			
	Miami, FL 3	3132				; .	53
	IOSEPHLAW	TL@YAHOO,COM	City/State:	and Zip Code		7-1	© \$1.
•			sed for future	annual report notificat	ion)	— ::::	
For further i	nformation cor	according this matter, ple	tase call:			•••	
•	Joseph Suchy		561	439-5830		•	: . (,.
	Name	of Person	Area Code	Daytime Telephor	ne Number		(·)
Enclosed is	s a check for th	e following amouni:					
□\$125.00	Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certi	.55.00 Filing Fee & ified Copy onal copy is enclosed)	■\$160,00 Filing F Certificate of Status Certified Copy (additional copy is en	s &	
		z Address ling Section		Street Address New Filing Section D	ivision		

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Taylor seay 6004323622 (04703) 0773172020 03.1\(\text{H20000254625}\)3

ARTICLES OF ORGANIZATION FOR FLORIDALLMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dothan Investment Partners, LLC	
(Must contain the words "Limited Linbili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
160 Congress Park Drive, Stc. 214	160 Congress Park Drive, Ste. 214
Delray Beach, FL 33445	Delray Beach, FL 33445
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	tered Agent. You must designate an individual or
The Law Office of Joseph Nam	
1420 NE Miami Place, #29	11

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.

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

State

Mlami, FL 33132 City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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ARTICLE IV-

"MGR" = Manager MGR Michael Coulleb 160 Congress Park Drive, Ste. 214 Delray Beach, FL 33445 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: 1/31/2020 (OPTIONAL) (Dective data is listed, the date must be specific and cannot be more than five business days prior to or 9 of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a ument's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURY: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 609.0203 (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. Michael Gottlieb Typed or printed name of signee	Title:	Name and Address:
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