L2000 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.

(((H20000292777 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account- Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

: (305)444-4994

Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail Address:		

FLORIDA LIMITED LIABILITY CO. DOVE 1040 TAX & NOTARY SERVICES, LLC.

Certificate of Status 0 Certified Copy 03 Page Count Estimated Charge \$130.00

Electronic Filing Menu

Corporate Filing Mena

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 AUG 24 PM 4: 52 ARTICLE 1 - Name: The name of the Limited Liability Company is: Dove 1040 Tax & Notary Services, 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: Mailing Address: 2120 Corporate Square Blvd Stc 1 2120 Corporate Square Blvd Ste 1 Jacksonville, FL 32216 Jacksonville, FL 32216 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: The Bizness Group Inc. Name 2120 Corporate Square Blvd Ste 1 Florida street address (P.O. Box NOT acceptable) Jacksonville

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.

Divan Ashong
Registered Agent's Signature (REQUIRED)

(CONTINUED)

. To:

	Name and Address:
"AMBR" = Authorized Me "MGR" = Manager	ember
MGR	Chere Dove
,11,110	Chere Dove 2120 Corporate Square Blvd Ste 1
	Jacksonville, FL 32216
(Use attachment if necessa)	
ICLE V: Effective date, if other is effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the ICLE VI: Other provisions, if a	or than the date of filing:
ICLE V: Effective date, if other is effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the ICLE VI: Other provisions, if a	er than the date of filing:
ICLE V: Effective date, if other is effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the ICLE VI: Other provisions, if a	er than the date of filing:
ICLE V: Effective date, if other in effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the ICLE VI: Other provisions, if a REOURED SIGNATULE Sign This does I am awar	or than the date of filing:
CLE V: Effective date, if other effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if a REOURED SIGNATULE Sign This does I am awar	cr than the date of filing:
CLE V: Effective date, if other effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if a REOURED SIGNATULE Sign This does I am awar	cr than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)