

L 20000266479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

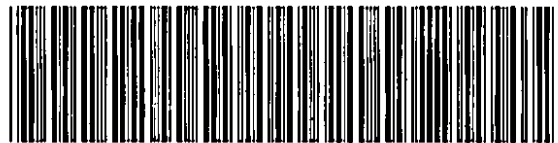
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/13/20 10:00:00 AM 400350129764

2020 AUG 13 PM 3:24
CLERK OF COURT
STATE OF NEW YORK
COUNTY OF ALBANY

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DOU DESIGN, 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:

GABRIELA DOU

Name of Person

DOU DESIGN, LLC.

Firm/Company

1246 SANDESTIN WAY

Address

ORLANDO, FLORIDA 32824

City/State and Zip Code

DOUDESIGN8@GMAIL.COM

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

For further information concerning this matter, please call:

GABRIELA DOU

407

577-7027

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2013
11/13
PM 3:24
STATE
OFFICE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOU DESIGN, 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:

1246 SANDESTIN WAY, ORLANDO, FL 32824

1246 SANDESTIN WAY, ORLANDO, FL.
32824

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:

DANIEL DUARTE

Name

1246 SANDESTIN WAY

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

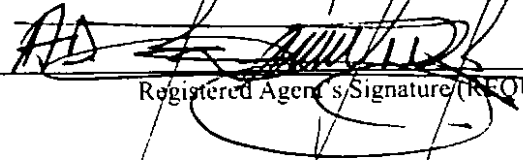
ORLANDO, FLORIDA, 32824

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..

X 
Registered Agent's Signature (REQUIRED)
(CONTINUED)

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STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

GABRIELA DOU

(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.

Limited Liability Company Purpose: The purpose for which the Company is organized is as follows: Carry out Interior Design, Photography, Decorations and other legal commercial activities.

REQUIRED SIGNATURE:

X

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.

GABRIELA DOU

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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STATE
SECRET