Laa000414755

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

Office Use Only



300395030133

S. CHATHAM

SEP 2 6 2022

SECRETARY OF STATE DIVISION OF CORPORATIONS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE 9/26/2022	**WALK I
ENTITY NAME DOBBS	S NEW ECO LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
£	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	DN
NUMBER OF CERTIFICATE	ES REQUESTED
TOTAL OWED \$ 125.00	ACCOUNT # 120160000072
Please call Ting at the	above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

121 - ...

Dobbs New Eco LLC					
(Must cont	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limited	Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Address:		
209 NE 2nd Street		same			
Okeechobee, FL 349	72				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	v cannot serve as its owr active Florida registration	n Registered Agent. 'on.)	nt's Signature: You must designate an individual or	?2 SEP 26 PM 3:	SECKETARY OF SIL IVISION OF CORPORA
	<u> </u>	Name		S	10 71.0
	209 NE 2nd Street				10
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)		
	Okeechobee	FL	34972		
	City	State	Zip		
place designated in this certificate	e, I hereby accept the approvisions of all statutes r	pointment as régister relating to the proper	e above stated limited liability compan ed agent and agree to act in this capac r and complete performance of my duti as provided for in Chapter 605, F.S	city. I	1

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Steven L. Dobbs
	209 NE 2nd Street Okeechobed, FL 34972
	SKCC1100CC 1117712
<u></u>	
	N
	>
	SEP
	ı
	P
	<u></u>
	01
(Use attachment if necessary)	
LE V: Effective date, if other than the di	ate of filing: 09-23-2022 (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
	specific and cannot be more than five business days prior to or 90 d
e of filing.)	
e of filing.) If the date inserted in this block does no	
e of filing.)	
e of filing.) If the date inserted in this block does no nument's effective date on the Departme	
e of filing.) If the date inserted in this block does no	
e of filing.) If the date inserted in this block does no nument's effective date on the Departme	
e of filing.) If the date inserted in this block does no nument's effective date on the Departme	
e of filing.) If the date inserted in this block does no nument's effective date on the Departme (LEVI: Other provisions, if any.	nt of State's records.
e of filing.) If the date inserted in this block does no nument's effective date on the Departme	
e of filing.) If the date inserted in this block does no nument's effective date on the Departme (I.E.VI: Other provisions, if any. REOUIRED SIGNATURE:	nt of State's records.
e of filing.) If the date inserted in this block does no nument's effective date on the Departme PLE VI: Other provisions, if any. REOUIRED SIGNATURE:	

as

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)