# 122000531684

(Re	questor's Name)	
,	,	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(DC	cament Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DOR DANINO Consulting LLC	}		
	<u></u>		
	·		rt of Inc. File
			FD Partnership File
		F	oreign Corp. File
		L	C. File
		Fi	ictitious Name File
		Т	rade/Service Mark
		N	lerger File
		A	rt, of Amend, File
		R	A Resignation
	ĺ	D	issolution / Withdrawal
		A	nnual Report / Reinstatement
		C	ert. Copy
		P	hoto Copy
		c	ertificate of Good Standing
	1	C	ertificate of Status
		0	ertificate of Fictitious Name
		0	orp Record Search
	1	C	Officer Search
			ictitious Search
Signature		F	ictitious Owner Search
Signature	i		ehicle Search
		E	Oriving Record
Requested by:		l	ICC 1 or 3 File
			JCC 11 Search
Name Date	Time	L	JCC 11 Retrieval
Walk-In Will Pick Up		0	Courier

#### **COVER LETTER**

	ew Filing Section vision of Corporations		
SUBJECT	DOR DA	NINO Consu	ulting LLC
SUBJECT		Limited Liabili	ity Company
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the f	ollowing:
		Dor Da	nino
		Name of	Person
	DO	R DANINO C	onsulting LLC
		Firm/Co	mpany
	26	95 Albatross	Rd. N Unit D
		Addre	ess
	ו	Delray Beach	, FL 33444
	0	City/State and ordanino27@	•
_	<del></del>		nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
	Dor Danino	561	301-3316
·	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ling Fee S130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & S160.00 Filing Fee. ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Taliahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabili	ity Company is:			
DOR DANINO Consulting	<del></del>			
(Must con	tain the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	office of the L	imited Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Addres	<u>ss</u> :
2695 Albatross Rd. N Unit	D		2695 Albatross Rd. N Unit D	
Delray Beach, FL 33444			Delray Beach, FL 33444	
	<del></del>			<del></del>
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	veannot serve as its own active Florida registration address of the registered	n Registered A	gent. You must designate an indiv	vidual or
	Dor Danino	Name		
		name		
	2695 Albatross Rd. N Unit	D		
	Florida street addres	ss (P.O. Box 2	SOT acceptable)	
	Delray Beach	FL	33444	
	City	State	Zip	
tace designated in this certificate, arther agree to comply with the pr	I hereby accept the app ovisions of all statutes re digations of my position	ointment as re elating to the as registered	for the above stated limited liability is stered agent and agree to act in proper and complete performance agent as provided for in Chapter 6. Signature (REQUIRED)	this capacity. I of my duties, and I
		(CONTINI	JED)	

#### ARTICLE IV-

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

"MGR" = Manage	rized Member	Name and Address:
FIGUR - Manage		
AMBR		Oor Danino
·	<del></del>	2695 Albatross Rd. N Unit D
		Delray Beach, FL 33444
	<del></del>	
factive data is listed	كالمصيح بالمستمونات مطاما	
fective date is listed of filling.) f the date inserted in iment's effective da	this block does not meet te on the Department of S	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not state's records.
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ffective date is listed to of filing.)  If the date inserted in tument's effective date.  CLE VI: Other provision of the prov	this block does not meet to on the Department of Sions, if any.  NATURE:  Signature of a membits document is executed in aware that any false infinstitutes a third degree fel	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State lony as provided for in s.817.155. F.S.
ffective date is listed of filing.)  If the date inserted in ument's effective date.  LE VI: Other provision of the date inserted in ument's effective date.  The course of the date inserted in ument's effective date.	this block does not meet to on the Department of Sions, if any.  NATURE:  Signature of a membits document is executed in aware that any false infinstitutes a third degree fel	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State

- ✓ \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)

2022