L2300004494

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

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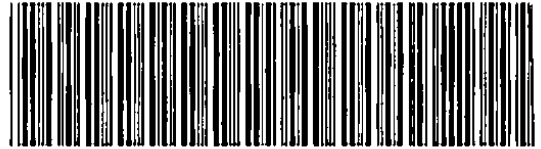(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: New Filing Section
        Division of Corporations

SUBJECT: __DOUG GLEIM, 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:

DOUG GLEIM
_____
                    Name of Person

DOUG GLEIM, LLC
_____
                    Firm/Company

6785 51ST AVENUE
_____
                    Address

VERO BEACH, FL 32967
_____
                City/State and Zip Code

douggleim@gmail.com
_____
     E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Gleim   772   626-6842
_____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 &   ☐$155.00 Filing Fee &   ☐$160.00 Filing Fee.
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                  (additional copy is enclosed) Certified Copy
                                                                           (additional copy is enclosed)

Mailing Address   **Street Address**
New Filing Section   New Filing Section Division
Division of Corporations   The Centre of Tallahassee
P.O. Box 6327   2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314   Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

DOUG GLEIM, 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:**

815 11th Avenue SW, Unit D   815 11th Avenue SW, Unit D
Vero Beach, FL 32962   Vero Beach, FL 32962

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:

Doug Gleim
_____
                          Name

6785 51st Avenue
_____
Florida street address (P.O. Box **NOT** acceptable)

Vero Beach   FL.   32967
_____
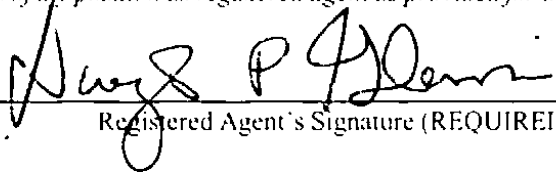   City   State   Zip

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..

_____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: **Name and Address:**
"AMBR" = Authorized Member
"MGR" = Manager

MGR   Doug Gleim
                                   6785 51st Avenue
                                   Vero Beach, Fl. 32967

TALLAHASSEE 2023 JAN 13 AM 10: 55

(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
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 lis
the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____
_____
_____

REQUIRED SIGNATURE: *Doug P Gleim*

_____
               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.

           DOUG GLEIM
                         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)