

L23000337463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

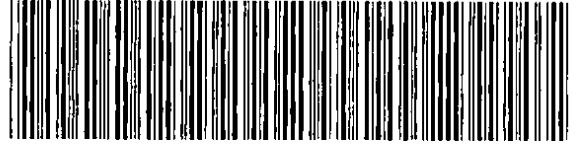
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations
DORA RENTALS, LLC

SUBJECT: _____
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:

Dorota Szymanska

Name of Person

Firm/Company

4 N 271 7th Ave.

Address

Addison, IL 60101

City/State and Zip Code

dszymanska68@gmail.com

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

For further information concerning this matter, please call:

Dorota Szymanska 630 748-9071
_____ 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DORA RENTALS, 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:

9285 Regatta Circle
Spring Hill, FL 34608

4 N 271 7th Ave.
Addison, IL 60101

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:

Zuzanna Karluk

Name

2503 Anchor Ave.

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

Spring Hill

Florida

34608

City

State

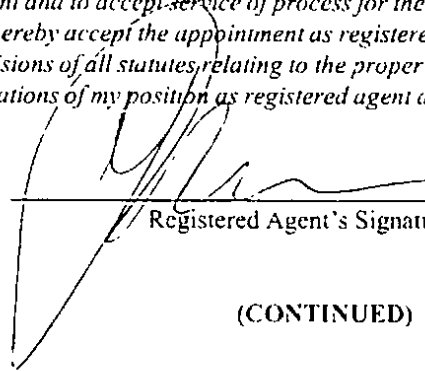
Zip

SECRETARY OF STATE
TALLAHASSEE, FL

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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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Dorota Szymanska

4 N 271 7th Ave.

Addison, IL 60101

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/25/2023. (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.

REQUIRED SIGNATURE:

Dorota Szymanska

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.

Dorota Szymanska

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)



Agnieszka Piasecka Law, PLLC
13575 58th Str. N., 210, Clearwater, FL 33760
agafloridalaw@gmail.com
(727) 538 - 4171

June 16, 2023

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Via certified mail: 7021 1970 0000 4959 9380

Dear Sir or Madam:

Please find attached Articles of Organization for Florida Limited Liability Company with enclosed check for \$ 130.00.

If you have any questions, please do not hesitate to call me at 727-538-4171 or 813-786-3911 or email me at agafloridalaw@gmail.com.

Sincerely,

Agnieszka Piasecka, Esq.
AGNIESZKA PIASECKA LAW, PLLC

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TALLAHASSEE, FL

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Encl.