Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	To:	Division of Co	rp	orations			
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MASEP 15 PH LOS		Account Name Account Number Phone Fax Number	:	PETERSON & MYERS I20080000078 (863)683-6511 (863)688-8099	PA.	AUG 15 AH 8: 25	
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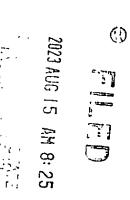
FLORIDA LIMITED LIABILITY CO. Dockery Real Properties, LLC

Certificate of Status	0
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Page Count	05
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COVER LETTER

TO:	New Filing Sec Division of Co						
011010		eal Properties, LLC					
SUBJE	C1:	Name	of Limited Liab	ility Company			
The enc	losed Articles of	Organization and fee	(s) are submitte	d for filing.			
Please 1	eturn all corresp	ondence concerning t	his matter to the	following:			
	Amanda L.	Walls					
	-	· · · · · · · · · · · · · · · · · · ·	Name o	of Person			
	Peterson & l	Myers, P.A.					
			Firm/C	ompany			
	225 East Lea	mon Steet, Suite 300					
			Add	Iress			
	Lakeland, Fl	lorida 33802					
			City/State a	nd Zip Code			
		sonmyers.com E-mail address: (to be	used for future	annual report notificat	ion)		
For furthe		oncerning this matter,			,		
	Amanda L. V		863 at (683-6511			
	Nan	nc of Person	Area Code	Daytime Telephon	ne Number		
Enclose	d is a check for t	he following amount:					
≘ \$125	.00 Filing Fee	□\$130.00 Filing F Certificate of State	us Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	2023 <u>¥</u> UG	(D
	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 massee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee in inc	15 MH 8: 25	

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ARTICLES OF ORGANIZATION FOR FLORUDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Dockery Real Properties, 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:

Zip

117 N. Massachusetts Avenue PO Box 2477
Lakeland, Florida 33801
Lakeland, Florida 33806

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

City

(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:

Name

117 N. Massachusetts Avenue
Florida street address (P.O. Box NOT acceptable)

Lakeland Florida 33801

State

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..

Carl Dockery

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(1)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Carl Dockery
	PO Box 2477 Lakeland, Florida 33806
	7M3 MV
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(Use attachment if necessary)	
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effective date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da
e of filing.) If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be
cument's effective date on the Department o	
CLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:	

Filing Pees:

Typed or printed name of signee

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

Carl Dockery, as the sole member

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)