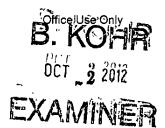
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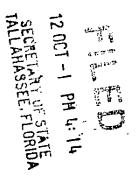
(Red	questor's Name)	•
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to F	Elling Officer:	
Special instructions to r	ning Onicer.	
	•	
		}





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10/01/12--01058--009 **160.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DUDVIL, 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:
DUDLEY B. ORR Name of Person
The state of the s
DUDVIC LLC. Firm/Company
Firm/Company
9682 NW 45th STREET 3m 5
Sunce 1SE / 1 33351 City/State and Zip Code Audril @ bell South. Net (DUDVIL @ Bell South, NET E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dudley B. ORR at (954) 741-8842 Name of Person Area Code & Daytime Telephone Number
Name of Ferson Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$155.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$\$ \$160.00 Filing Fee, \$\$\$ \$\$\$ \$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with 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:
$oldsymbol{arphi}$,
Principal Office Address: Mailing Address:
9682 NW 45th ST. 9682 NW 45th ST.
9682 NW 45 ST. 9682 NW 45 ST. SUNRISE, FL 33351 SUNRISE, FL 33351
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: DUDLEY B. ORR
DUDLEY B. ORR
9682 NW 45th ST
Florida street address (P.O. Box NOT acceptable)
SUNRISE FL 33351-5170 City, State, and Zip
City, State, and Zip

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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 after the date of filing.) **REQUIRED SIGNATURE:**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Signature of a member or an authorized representative of a member.

DUDLEY B. ORR
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)