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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

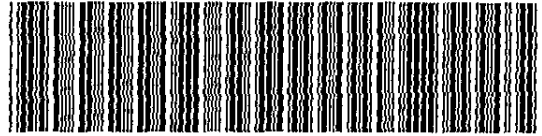
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 OCT 20 AM 10:44  
TALLAHASSEE, FLORIDA

BK

4505 Hudson Ln.  
Tampa, FL 33618-5346

October 15, 2003

Registration Section - Dept of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

Dear Registration Section - Division of Corporations,

**TRANSMITTAL LETTER**

Subject: CastleDuke, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return a letter of acknowledgment or any other correspondence concerning this matter to the following:

Douglas Duquaine  
CastleDuke, LLC.  
4505 Hudson Ln.  
Tampa, FL 33618-5346

For further information concerning this matter, please call:

Douglas Duquaine at ( 813) 908-8434

Please find enclosed check # 1582, Payable To: Florida Department of State for the total amount of the filing fees: (\$ 100.00 Filing Fee for Articles of Organization, \$ 25.00 Designation of Registered Agent) for a total of \$125.00.

Respectfully yours,

  
Douglas Duquaine  
Director of Business Development  
CastleDuke, LLC.

vcd

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03 OCT 20 AM 10:44  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to s. 608.407, Florida Statutes

**ARTICLE I - Name:**

The name of the Limited Liability Company is: CastleDuke, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**  
4505 Hudson Ln.  
Tampa, FL 33618-5346 U.S.A.

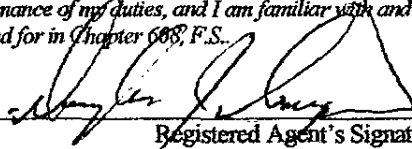
**Mailing Address:**  
4505 Hudson Ln.  
Tampa, FL 33618-5346 U.S.A.

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

The name and the Florida street address of the registered agent are:

Douglas J. Duquaine  
4505 Hudson Ln  
Tampa, FL 33618-5346

*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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

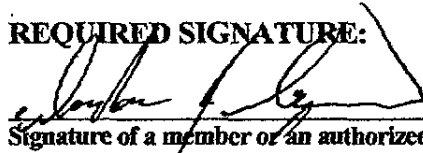
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGRM (Managing Member)	Douglas Duquaine 4505 Hudson Ln., Tampa, FL 333618-5346
MGRM (Managing Member)	Vilma Duquaine 4505 Hudson Ln., Tampa, FL 333618-5346

**ARTICLE V- Purpose:**

This limited liability company is allowed to perform any lawful entrepreneurial pursuit.

**REQUIRED SIGNATURE:**

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

(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.)

Douglas J. Duquaine

(Typed or printed name of signee)

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