Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name . C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-9428

## LIMITED LIABILITY COMPANY

Dugan- Naples LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Public Assess Hale

ARTICLE I - Name:

## 3 DEC 10 ANTI:

## ARTICLES OF ORGANIZATION FOR FI.ORIDA LIMITED LIABILITY COMPANY

ARTICLE II - The mailing add		principal office of the Limited Liability Comp	aan'
Principal Offic	e Address:	Mailing Address:	
8640 Cedar R	ammock Circle	same ,	
Unit 513			
Noples, FL		· · · · · · · · · · · · · · · · · · ·	
ARTICLE III -		ed Office, & Registered Agent's Signature:	<del>**********</del> *
ARTICLE III -	te Florida street address of th	e registered agent are:	***************************************
ARTICLE III -		e registered agent are:	<del>*************************************</del>
ARTICLE III -	ct corporation syst	e registered agent are:	
ARTICLE HI	CT CORPORATION SYST  No.    200   South Pine Isl	e registered agent are:	<del></del>
ARTICLE III -	CT CORPORATION SYST  No.    200   South Pine Isl	e registered agent are: EM: Re and Road	

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 dusies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

AMY BERTELETTI SPECIAL ASSISTANT SECRETARY

Page 1 of 2 (CONTINUED) ARTICLE IV-Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title;</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MCRM	Xaren A. Dugan	
	10 Anne Teresa Way Wastford, MA 01886	-
MGRM	John D. Dugan	
	10 April Taresa Way	
	Westford, MA 01885	
WCEM	Brends M. Dugan	
	97 Esker Road -	
	Hampton, NH 03842	
MCRM	Denis K. Dugan	
	97 Esker Road	
	Hampton, NH 03842	
(Use attachment if necessary)	——————————————————————————————————————	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

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

John D. Dugas

Typed or printed name of signes

Elling Fear:

\$100:00 Fling Fee for Articles of Organization

3 25.00 Designation of Registered Agent

8 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)