

# L04000089661

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

### DUMORANGE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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J. BRYAN DEC 13 2004

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DUMORANGE, LLC

## ARTICLE II - Address:

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

Principal Office Address:4926 VISTA LARGO DRIVE  
ORLANDO FL 32811Mailing Address:P.O. Box 381715  
Miami, FL 33238

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

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

JACQUELINE BASSAN

Name

4926 VISTA LARGO DRIVEFlorida street address (P.O. Box **NOT** acceptable)ORLANDO, FLORIDA 32811 FL

City, State, and Zip

*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.*

Jaqueline Bassan

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

2004 DEC 10 AM 10:06  
JULIA HARRIS, REGISTRAR  
TALLAHASSEE, FLORIDA

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

GERARD P. DUMORANGE

4826 VISTA LARGO DRIVE  
ORLANDO, FL 32818

MGR


LASHONDA T. DUMORANGE

4826 VISTA LARGO DRIVE  
ORLANDO, FL 32818

(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), Florida Statutes, the execution  
of this document constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true.)

GERARD P. DUMORANGE

Typed or printed name of signer

FILED  
2004 DEC 10 AM 10:06  
JULIA H. DUMORANGE  
TALLAHASSEE, FLORIDA