

LD5000002198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

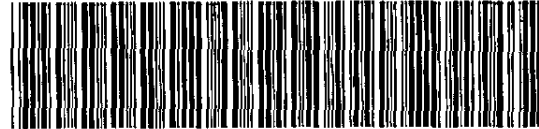
(Business Entity Name)

(Document Number)

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CORPORATIONS  
TALLAHASSEE, FLORIDA

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J. BRYAN JAN - 7 2005

EMPOWERING ■ AMERICA'S ■ ENTREPRENEURS

**enitia corporation**

**p.o. box 495**

**dexter, mi 48130**

December 29, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: The Dupre Group LLC**

Dear Sir or Madam:

Enitia Corporation has been authorized by Kip Palmer to file the enclosed Articles for The Dupre Group LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

Enitia Corporation  
P.O. Box 495  
Dexter, MI 48130

1-877-281-6495 ext 1096 (toll free)  
edstahlin@enitia.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

  
Ed Stahlin  
Enitia Corporation

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**The Dupre Group LLC**

**ARTICLE II - Address:**

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

5209 South West 9th Place  
Cape Coral, FL 33914

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

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

**Kip Palmer**

Name

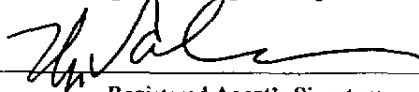
**5209 South West 9th Place**

Florida street address (P.O. Box **NOT** acceptable)

**Cape Coral, FL 33914**

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.*



Registered Agent's 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.)

**Kip Palmer**

Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT