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TALLAHASSEE, FLORIDA

3/8/05

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DUNCAN & PETER, 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:

Mireille Faris

(Name of Person)

Murphy Reid & Pilotte, PA

(Firm/Company)

340 Royal Palm Way, STe 100

(Address)

Palm Beach, FL 33480

(City/State and Zip Code)

For further information concerning this matter, please call:

Mireille Faris

(Name of Person)

at ( 561- ) 655-4060

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|---|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

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TALLAHASSEE, FLORIDA

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

**Article I – Name**

The name of the Limited Liability Company shall be **DUNCAN & PETER, LLC.**

**Article II – Address**

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

**Principal Office Address:**

340 Royal Palm Way, Suite 100  
Palm Beach, Florida 33480.

**Mailing Address:**


P.O. Box 6445  
West Palm Beach, FL 33405.

**Article III – Registered Agent, Registered Office, and Registered Agent's Signature:**

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

Frank T. Pilotte, Esq.  
c/o Murphy, Reid, Pilotte & Ord  
340 Royal Palm Way, Suite 100  
Palm Beach, Florida 33480

*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 proved for in Chapter 608, F. S.*

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

**Article IV – Managers or Managing Members:**

The name and address of each manager is as follows:

**Title:**

**Name and Address:**

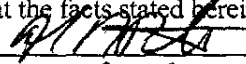
Manager

Rodney Tinson  
P.O. Box 6445  
West Palm Beach, FL 33405

Manager

Herbert Benn  
P.O. Box 6445  
West Palm Beach, FL 33405

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.

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

Frank T. Pilotte  
\_\_\_\_\_  
Typed or printed name of signee