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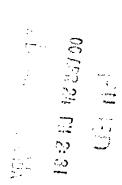
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M. HODGE

COVER LETTER

Division of Cor			
SUBJECT: DUE PE	ROVE ENTERPRISE	, LLC	
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
JOSEPH C	HIMERA		
	C	Name of Person)	
DUE PROV	/E ENTERPRISE, L	LC	
	(Firm/Company)	
3422 E AT	LANTIC BLVD		
		(Address)	
POMPAN	O BEACH, FL 330		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
LAURA MONTAN	NARO	at (954) 785-214 (Area Code & Daytime To	2
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	iny is:
	NOT LLO
DUE PROVE ENTERPR	(ISE, LLC
(Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
JOSEPH CHIMERA	3422 E ATLÂNTIC BLVD, POMPANO BCH, FL 33062
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:
	- •

Name

Name

1140 NE 2nd Street

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

POMPANO BEACH, FL 33060 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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 "MGRM" = Managing Member	Name and Address:
MGRM	JOSEPH CHIMERA
	3422 E ATLANTIC BLVD
	POMPANO BEACH, FL 33062
<u> </u>	
(Use attachment if necessary) RTICLE V: Effective date, if other than the date	e of filing: 4/18/2006 . (OPTIONAL)
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be spe	e of filing: 4/18/2006 . (OPTIONAL) ecific and cannot be more than five business days prior
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be spe	
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be spoor 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a member or (In accordance with section)	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be specified or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitutes that the facts stated herein	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
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