

LD6000053054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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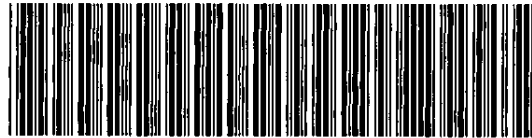
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Murphy Dugan, 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:

Lloyd Bowers, Esq.
(Name of Person)

Wickersham & Bowers
(Firm/Company)

501 N. Grandview Avenue, Suite 115
(Address)

Daytona Beach, Florida 32118
(City/State and Zip Code)

For further information concerning this matter, please call:

Lloyd Bowers at (386) 252-3000
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION
FOR
MURPHY DUGAN, LLC
(A Florida Limited Liability Company)

ARTICLE 1:

The name of the Florida Limited Liability Company is **MURPHY DUGAN, LLC**.

ARTICLE 2:

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

Principal Office Address:

533 N. Nova Road
Suite 201
Ormond Beach, Florida 32174

Mailing Address:

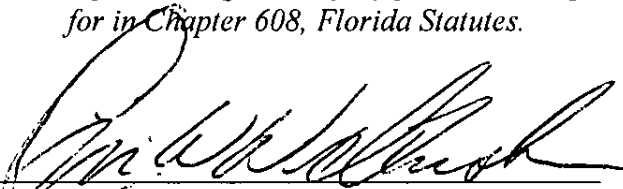
533 N. Nova Road
Suite 201
Ormond Beach, Florida 32174

ARTICLE 3:

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

Christopher W. Wickersham, Sr., Esq.
Wickersham and Bowers
501 N. Grandview Avenue
Suite 115
Daytona Beach, Florida 32118

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 accept 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, Florida Statutes.


CHRISTOPHER W. WICKERSHAM, SR.

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ARTICLE 4:

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	John Hamlin 533 N. Nova Road Suite 201 Ormond Beach, Florida 32174
Manager	Dawn Hamlin 533 N. Nova Road Suite 201 Ormond Beach, Florida 32174

In accordance with Section 608.408(3), *Florida Statutes*, we declare under penalties of perjury that the aforestated facts are true and correct.

Dated this 9th day of May, 2006.



JOHN HAMLIN



DAWN HAMLIN

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