L06000104703

(Requesto	's Name)
(Address)	
(Address)	
(City/State	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Piling C	officer:





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SECRETARY OF STATE

CORPORATE FILING SERVICE	
3320 SW 87 TH AVENUE	
MIAMI, FL 33165 (305) 552-5973	1 25 8 T
	Office Use Only
CORPORATION NAME(S) & DOCUMENT NU	MBER(S), (if known):
DUNAND & DUNAND INV	ESIMENTILL POPE
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time 3.06	Certified Copy
Mail out Will wait Pho	tocopy
NEW FILINGS AMEN	<u>ndments</u>
Profit	mendment esignation of R.A., Officer/Director hange of Registered Agent issolution/Withdrawal lerger
OTHER FILINGS REGI	STRATION/QUALIFICATION
Fictitious Name R T	oreign imited Partnership einstatement rademark ther

CR2E031(7/97)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	Sold of the second of the seco
The name of the Limited Liability Compan	y is:
DUNAND & DUNAN (Must end with the words "Limited Liability Company,"	JD TUVESTMENT, LLC. Limited Company" or their abbreviation "LLC," or "L.C.,")
_	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8560 SW 83 CT MIAMI, FI. 33143	5AME
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)	<i>a</i> ,
The name and the Florida street address of	

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

MIAMI FL. FL 33/43

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

	NT A A T.A
<u>l'itle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Member	
4160	Λ λ ~
MGK	APLENE DUNAND
	8560 3W 83 Ct.
	MIAMI F1, 33143
BRM	Torack Duran
	SSEPA DUNADI)
	MIAMI F1. 33143
	•
Use attachment if necessary)	
EV: Effective date, if other than the	
ective date is listed, the date must be	date of filing: (OPTION e specific and cannot be more than five business da
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ective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a nember (in accordance with second	e specific and cannot be more than five business da
ective date is listed, the date must be lays after the date of filing.) REQUIRED SIGNATURE: Signature of a nember (in accordance with second	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)