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(City/State/Zip/Phone #)

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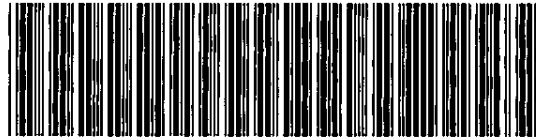
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dugjen, 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:

Jody L. Dugan
(Name of Person)

Dugjen, LLC.
(Firm/Company)

5475 NE ST. James Drive, #193
(Address)

Port St Lucie, FL 34983
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jody L. Dugan at (772) 344-7744
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**Articles of Organization
Of
Dugjen, LLC.**

The undersigned certify that we have associated ourselves together for the purpose of forming a LIMITED LIABILITY COMPANY under the laws of the state of Florida, for profit.

Article I –Name & Principal Place of Business

The name of the limited liability company is: Dugjen, LLC., and the mailing address is 5475 NE St. James Drive #193, Port Saint Lucie, FL, 34983.

Article II -Duration

The duration of the limited liability company shall be perpetual unless terminated by operation of law or as provided in these Articles or the Operating Agreement of the Limited Liability Company.

Article III –Initial Registered Office & Registered Agent

The mailing address of the initial registered office, and principal place of business, of the limited liability company is 5475 NE St. James Drive #193, Port Saint Lucie, FL, 34983. The name of the registered agent is Jody L. Dugan.

Article IV –Member Restrictions-Admissions

Additional persons or entites may be admitted to the limited liability company as members upon the unanimous consent of the current members and on such terms and conditions as determined by the members and in accordance with these Articles and the Operating Agreement of the limited liability company.

Article V -Right to Continue Business

On death, withdrawal, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on the consent of the majority (or all) of the remaining members within 90 days of the terminating or dissolving event.

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Article VI- Management

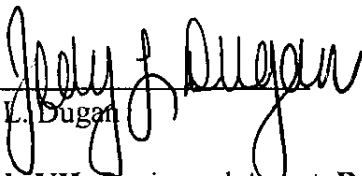
The name and address of each member is as follows:

Jody Dugan, 5475 NE St. James Drive #193, Port Saint Lucie, FL, 34983

Michelle Lutjen, 5475 NE St. James Drive #193, Port Saint Lucie, FL 34983

In witness whereof, the undersigned, being an original member of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of Dugjen, LLC.

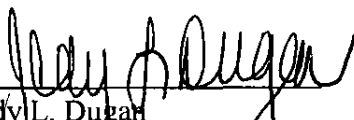
Executed by the undersigned this 20th day of February, 2007.


Jody L. Dugan

Article VII- Registered Agent, Registered Office, & Registered agent Signature

The mailing address of the registered office and principal place of business, of the limited liability company is 5475 NE St. James Drive #193, Port Saint Lucie, FL, 34983. The name of the registered agent is Jody Dugan.

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 appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all the 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 provided for in chapter 608 Florida Statutes.


Jody L. Dugan
Registered Agent Signature

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