Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations.

Fax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

: (212)431-5000

Fax Number

: (212)431-1441

FLORIDA/FOREIGN LIMITED LIABILITY

DUDLEY HOLDINGS, L.L.C.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:		
DUDLEY HOLDINGS, L.L.C. Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviatio	n "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limi	ited Liability Comp	any is:
Principal Office Address:	Mailing Address:	and the second of the second	ν ' <u>Σ</u> ξ
77 COREWOOD DR. SAME AS PRINCIPAL OFFICE		OFFICE	والمتحاض
SARASOTA, FL 34239	A Company of the Comp	16 - 27 - 2	0 1 14 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	d Office, & Registered A stared Agent. You must designate	an individual or another	A STATE OF THE STA
The name and the Florida street address of the	registered agent are:	MAR RETA IHAS	777
MARK L. MOSS	,	IR I	FIL
Name	,	12 SEE, F	П
577 COREWOOD DR.	·	A II	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptal		
SARASOTA	FL 34239	A.	
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)
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BlumbergExcelsion 62 White Street New York, NY 10013 Ho70000652043

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Name and Address: "MGR" = Manager "MGRM" - Managing Member PRONCLAD PROTECTION LIMITED PARTNERSHIP MGRM 3640 DUDLEY ST. · 'r (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

IRONCLAD PROTECTION LIMITED PARTNERSHIP, MARK L. MOSS, GP Typed or printed name of signee

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)

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