

W080000067992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

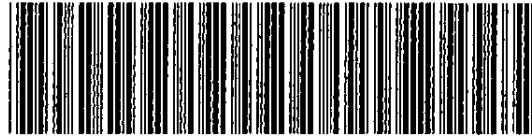
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 15 2008

EXAMINER



Accounting
Bookkeeping
Income Taxes
Insurance
Tax Consulting

July 9, 2008

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: TOM DUNN ENTERPRISES, LLC

Dear Ms. Sellers;

Enclosed, please find two copies of The Articles of Organization for: **TOM DUNN ENTERPRISES, LLC.**

Check # 15301 in the amount of \$ 125.00 is enclosed for same.

Please process and return to this office for further processing.

Thank you very much.

Sincerely,

TROUP FINANCIAL SERVICES

Robert G. Troup

encl.: Articles of Organization
Check # 15301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4343 Ridgewood Ave • Suite A Port Orange, FL 32127

(386) 756-1208 • Fax (386) 761-6447

TroupFinSv@aol.com

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: **TOM DUNN ENTERPRISES, LLC**

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal officer of the Limited Liability Company is:

Principal Office Address

**68 Crooked Pine Road
Port Orange, FL 32128**

Mailing Address

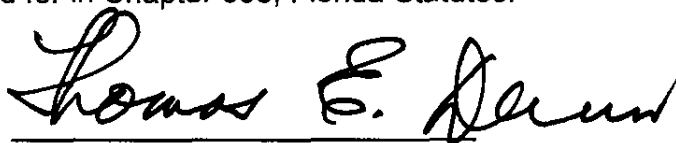
**68 Crooked Pine Road
Port Orange, FL 32128**

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent is:

**Thomas E. Dunn
68 Crooked Pine Road
Port Orange, FL 32128**

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, Florida Statutes.



Registered Agent

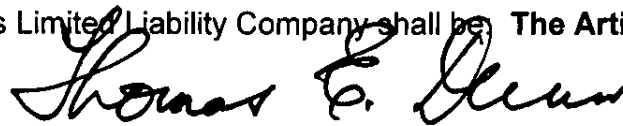
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TALLAHASSEE FLORIDA

**ARTICLE IV
MANAGERS OR MANAGING MEMBERS**

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
General Manager	Thomas E. Dunn 68 Crooked Pine Road Port Orange, FL 32128

**ARTICLE V
EFFECTIVE DATE**

The effective date of this Limited Liability Company shall be: **The Article Filing Date**



Thomas E. Dunn
Member or Authorized Representative

(In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Thomas E. Dunn
Printed Name of Signee

03 JUL 14 AM 10:30
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Before me, the aforesigned personally appeared, who being known to me to be Thomas E. Dunn, acknowledged that he executed the foregoing Articles of Organization and Registered Agent acceptance for **TOM DUNN ENTERPRISES, LLC**.

State of Florida
County of Volusia



ROBERT G. TROUP
NOTARY PUBLIC, STATE OF FLORIDA
MY Comm. Expires SEPT. 9, 2009
COMM. # DD333078


Notary Public

Date: 7/3/08