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DUD Business Servics. - 4140 Faungrove fol Jax, 71 32277		
(City/State	e/Zip/Phone #)	
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(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:

A. LUNT

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SECRETARY OF STATE
TALLAHASSEF FI TORK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY. COMPANY

The name of the Limited Liability Company is:	
Duo Business Services (Must end with the words "Limited Liability)	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4140 Fawngrove road Jacksonville FL 32277	4140 Faungrove road 3 Jacksonville FL 322 FG 5
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or mother
Casanna Jac Name 4160 Fawngrov	
4160 Fawngrov 1 Florida sweet add	ress (P.O. Box NOT acceptable)

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)

Cocksonville

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

• •	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
•	MGR	Drydell T. Jackson 4160 Fawngrove road Jacksonville FL 32277
		SECRETARY ALLAHASSE
		PH 12: 26 E. FLORIDA
(II an	(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	date of filing: October 27, of (OPTIONAL) especific and cannot be more than five business days prior

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.)

Drydell T. c)ackson
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)