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M. THOMAS

NOV 1 2 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	ction porations			
SUBJECT: Du	CHAT MULTI	SERVICES. d Liability Company)	LLC_	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
ALE	x Duch	ATELIER Name of Person)	· .	
\nearrow		value of reison)		
DUCHA	AT MULL	Firm/Company)		
_	0 1			Ø
21066	COVINGTON.	(Address)		FS 3
Bock	RATON	FLORIDA 334	33	ELED WILLSO
	(City	/State and Zip Code)		TING THE
For further information of	concerning this matter, please	call:		SO SO
	,			
(Name	of Person)	at ()(Area Code & Daytime Te	lephone Number)	
·	,		•	
Enclosed is a check fo	r the following amount:			
•□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filin Certificate of Stat Certified Copy (additional copy is en	us &
	Mailing Address Registration Section Division of Comparations	Street/Courier Address Registration Section Division of Corporation	_	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUCHAT MULTI SERVICES LLC,
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
21066 COVINGTON DRIVE BOCA RATION, FLORIDA 33433	21066 COUNTON DRIVE
33433	33433
A DETICAL TO A DESCRIPTION OF THE PROPERTY OF	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

2017 NW 45TH Aver

Co CONUT CReek FL 33066

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 are gistered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
_MGR	BOCA RATON, FLORIDA 33433			
<u>MGR</u>	FRANCY NOEL 5016 NW 5 +h STREET DELRAY BEACH, FLORIDA 33445			
(Use attachment if necessary)	date of filing: /2/01/08 (OPTIONAR)			
ARTICLE V: Effective date, if other than the date of filing: 12/01/08 . (OPTIONAL) (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.)				
F				

REQUIRED SIGNATURE:

Signature of a member of 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.)

EX DUCHATELIER

Typed or printed name of signe

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)