

LO9000013555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

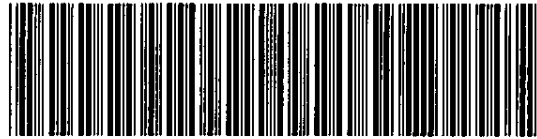
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400142059064

01/29/09--01035--009 **125.00

B. KOHR

FEB 11 2009

EXAMINER

FILED
09 FEB 10 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2009

JOSEPH A. DUNCAN OR THOMAS V. NOVAK
TVN FINANCIAL SERVICES, LLC
1674 U.S. HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433

SUBJECT: DUNCAN CONSTRUCTION, LLC
Ref. Number: W09000004817

See Check
09 FEB 10 AM 8:35
FILED
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

We have received your document for DUNCAN CONSTRUCTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 109A00003575

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOE DUNCAN CONSTRUCTION LLC
(Name of Limited Liability Company)

FILED
09 FEB 10 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph A DUNCAN or Thomas V Novak
(Name of Person)

TUN FINANCIAL SVS, LLC
(Firm/Company)

1674 US Hwy 90 W.
(Address)

De Funiok Springs, FL 32433
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas V Novak at (850) 951 9680
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 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

FILED
09 FEB 10 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOE DUNCAN CONSTRUCTION, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

501 SMITH ROAD
DE FUNIAK SPRINGS FL 32433

Mailing Address:

501 SMITH ROAD
DE FUNIAK SPRINGS, FL 32433

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:

JOSEPH P. DUNCAN
Name

501 SMITH ROAD
Florida street address (P.O. Box **NOT** acceptable)

DE FUNIAK SPRINGS FL 32433
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..

Joseph P. Duncan
Registered Agent's Signature (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Joseph T DUNCAN
501 SMITH ROAD
DC FOUNTAIN SPRINGS FL 32437

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

REQUIRED SIGNATURE:

Joseph P. Duncan
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.)

Joseph P. Duncan
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)