

LO9000022194

(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



600144816616

03/05/09--01008--014 **125.00

FILED
2009 MAR -5 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael M. Duke LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Michael M. Duke
(Name of Person)

Michael M. Duke L.L.C.
(Firm/Company)

3551 Red Barn Ln.
(Address)

Ormond Beach, FL. 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Duke at (386) 235-7469
(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
2009 MAR -5 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

MICHAEL M. DUKE, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to s. 607.407, Florida Statutes)

1. **Name.** The name of the limited liability company is Michael M. Duke, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Street Address And Mailing Address Of Principal Office.** The street address and mailing address of the principal office of the limited liability company is 3551 Red Barn Lane, Ormond Beach, Florida 32174.
4. **Term.** The term of this limited liability company shall be perpetual.
5. **Members At Time Of Formation.** There will be at least one member at the time the limited liability company is formed.
6. **Period Of Duration.** The period of duration shall be perpetual.
7. **Management.** Management of the limited liability company at the time of formation is reserved for the initial member(s) whose name(s) and address(es) are as follows:

Initial Members: Michael M. Duke
3551 Red Barn Lane
Ormond Beach, FL 32174
8. **Additional Members.** The names and addresses of additional members are as follows:
9. **Admission Of New Members.** With the written unanimous consent of the members, new members may be admitted into the limited liability company upon the payment of such capital contribution and upon such terms as the members unanimously decide. In the event that new members are admitted into the limited liability company, the share of each new member in the profits and losses shall be in such proportion as may be agreed upon between all the members and the new member.

2009 MAR 25 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10. **Members Right To Continue Business.** The remaining members of the limited liability company shall have the right to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, as further set forth in the Operating Agreement of the limited liability company.

Executed this date March 3, 2009

Michael M. Duke

Michael M. Duke
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

2009 MAR -5 AM 11:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered agent and registered office in the state of Florida.

1. **Name.** The name of the limited liability company is Michael M. Duke, LLC.
2. **Registered Office.** The address of the registered office of the limited liability company is 3551 Red Barn Lane, Ormond Beach, FL 32174.
3. **Registered Agent.** Michael M. Duke is appointed, and by his signature below, accepts appointment, to act as the Registered Agent of Michael M. Duke, LLC.

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.

Michael M. Duke
Michael M. Duke

3-3-09
Date

2009 MAR 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED