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SECRETARY OF STATE TALLAHASSEF FINALE

D. BRUCE

JAN 15 2010

EXAMINER

EFFECTIVE DATE 1/12/10

COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	T: Durgin Enterprises, LLC Name of Limited Liability Company	
The enclos	osed Articles of Organization and fee(s) are submitted for filing.	
Please retu	turn all correspondence concerning this matter to the following:	
	Stephanie A.C. Duyin	_
<u></u>	Dugin Enterprises, LLC	~
	685 Rossmoor Greel	
	Address	_
	Melborne FL 32940 ESS 3	5 - ~
_	City/State and Zip Code Saccorging Msn. Com E-mail address: (to be used for future annual report notification)	
For furthe	er information concerning this matter, please call:	
Stepl	hanle Dury W at (371) 258-2351 Area Code & Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
1 \$125.00	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Durgin Ente	erprises, LLC
(Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
685 Rossmoor Circle Melbourne FL 32940	1085 Rossmoor Grell Melbourne FL 32940

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:

Stephanie A. C. Durgini
Name
685 Rossmoor arch
Florida street address (P.O. Box NOT acceptable)

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 1/12/10

ARTICLE I - Name:

Page 1 of 2

<u>Title:</u> "MGR" = Manag	er	d Address:	
"MGRM" = Mar		ephanie Dung 25 Rossmoor C	in
MGRM	stot	neibourne Fl t F. Durgin	32440
	-685 	ROSSMOOF CL	32940
	-		
(Use attachment	if necessary)		
CLE V: Effective effective date is lis	date, if other than the date of filing: ted, the date must be specific and		(OPTIONAL) 'e business days prior
CLE V: Effective	date, if other than the date of filing: ted, the date must be specific and ate of filing.)		` ′
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CLE V: Effective effective date is lis to days after the d	date, if other than the date of filing: ted, the date must be specific and ate of filing.)	cannot be more than fiv	e business days prior

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)