## L10000066225

(Requestor's Name)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE

C. LEWIS

JUN 2 2 2010

EXAMINER

TO: **Registration Section** Division of Corporations

SUBJECT:	Dunes	Enterprises LLC.	
	Name of Limi	ited Liability Company	
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Jack Corder	
		Name of Person	
	Dune	es Enterprises LLC.	
		Firm/Company	
<u></u>	1850	Queen Palm Drive	
		Address	
		water Florida, 32141	
		ty/State and Zip Code	
<del>-</del>		order@cfl.rr.com for future annual report notification)	
For further information	concerning this matter, pleas	se call:	
Jack	Corder	at ( 386 ) 423-9640	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dunes	Enterprises LLC.	
	nited Liability Company, "L.L.C.," or "LLC.")	
ADTICLE II. Addr		
ARTICLE II - Address:	-64	•
ine maining address and street address	of the principal office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
1850 Queen Palm Drive	1850 Queen Palm Drive	
Edgewater Florida, 32141	E	
ARTICLE III - Registered Agent. R	Edgewater Florida, 32141  Projectered Office & Registered Agent's Signature	10m2
The Limited Liability Company cannot serve as its business entity with an active Florida registration.	egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or manufacture of the second sec	معيد مخت
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address	egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or manufacture of the second sec	TILE TILE
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or mothers of the registered agent are:	TILE TILE
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or ramothe s of the registered agent are:	TILE TILE
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual organother soft the registered agent are:  ack Corder  Name	FILE
The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or mothers of the registered agent are:  ack Corder  Name  Reen Palm Drive	TILE TILE

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)
Page 1 of 2

FILED

Title: "MGR" = M "MGRM" =	lanager Managing Member	Name and Address:	SECRETARY OF STATE TABLAHASSEE, FLORI
MGR		Jack Corder	
		1850 Queen Palm Drive	
		Edgewater Florida, 32141	
MGR		Mary J. Corder	
		1850 Queen Palm Drive	
	/	Edgewater Florida, 32141	
	<del></del>		
	nent if necessary)		
LE V: Effective date it days after the	tive date, if other than the	e date of filing:  e specific and cannot be more th	(OPTIONAL) an five business days prior
LE V: Effect fective date it days after th	tive date, if other than the is listed, the date must be date of filing.)  SIGNATURE:	e specific and cannot be more th	an five business days prior
LE V: Effect fective date it days after th	tive date, if other than the is listed, the date must be date of filing.)  SIGNATURE:	e specific and cannot be more th	an five business days prior
LE V: Effective date it days after the	tive date, if other than the is listed, the date must be ne date of filing.)  SIGNATURE:  Signature of a member (In accordance with se	er or an authorized representative of action 608.408(3), Florida Statutes, the editutes an affirmation under the penalties	an five business days prior  a member.
LE V: Effect fective date it days after th	tive date, if other than the is listed, the date must be ne date of filing.)  2 SIGNATURE:  Signature of a member of this document construction that the facts stated here.	er or an authorized representative of action 608.408(3), Florida Statutes, the editutes an affirmation under the penalties	an five business days prior  a member.

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