

From: Cauthen Oldham

352 343 8801

06/14/2011 08:35

#806 P.001/005

Division of Corporations

4/20/11 11:15 AM

**L110001055193**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000105519 3)))



H110001055193ABCX

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAUTHEN & OLDHAM, P.A.  
Account Number : 075206002614  
Phone : (352)343-3455  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CJCAUTHENOLDHAM@COMCAST.NET

RECEIVED  
JUN 14 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**W. P. Duncan, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

**D. BRUCE**  
JUN 15 2011  
**EXAMINER**

From: Cauthen Oldham  
850-817-8381

352 343 8801

06/14/2011 08:36

#806 P.002/005

8/6/2011 11:13:44 AM PAGE 1/001 Fax Server



June 6, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAUTHEN & OLDEHAM, P.A.

SUBJECT: W.P. DUNCAN, LLC  
REF: W11000022371

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

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) 245-6984.

Daborah Bruce  
Regulatory Specialist II

FAX Aud. #: H11000105519  
Letter Number: 411A00013728

((H11000105519 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

W.P. DUNCAN, 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:

36129 E. Eldorado Lake Drive  
Eustis, Florida 32726

#### Mailing Address:

36129 E. Eldorado Lake Drive  
Eustis, Florida 32726

### 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:

DAVID E. CAUTHEN

Name

131 West Main Street

Florida street address (P.O. Box NOT acceptable)


Tavares

FL

32778

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)

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**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:**

MGRM

William P. Duncan

36129 E. Eldorado Lake Drive

Eustis, Florida 32726

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**



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.)

**WILLIAM 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)

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(LLH 11000105519 3))

**AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF LAKE

Personally appeared before the undersigned Notary Public, WILLIAM P. DUNCAN, President of W P DUNCAN, INC., who upon oath deposes and states as follows:

1. Affiant's name is WILLIAM P. DUNCAN, and he is the President of the now dissolved W P DUNCAN, INC., Document #P05000113855.

2. I have intentions of reinstating the W P DUNCAN, INC., Document #P05000113855. *NO*

**FURTHER AFFIANT SAYETH NAUGHT.**

*William P Duncan*

WILLIAM P. DUNCAN, President

STATE OF FLORIDA

COUNTY OF LAKE

I HEREBY CERTIFY, that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, WILLIAM P. DUNCAN, President of W P DUNCAN, INC., who is personally known to me, who first by me being duly sworn, says that Affiant has read the foregoing and has personal knowledge of the facts and matters alleged therein, and each of these facts and matters are true and correct.

WITNESS my hand and official seal at Tavares, County of Lake, State of Florida, this *30* day of June, 2011.



*Cora Jean Case*

Notary Public

My Commission Expires: *5/21/2013*

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