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EXANTRIEF

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Durtan w	reiding L.L.C.
Name of	Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Jason Lee	Durkan
	Name of Person
Durian W.	eloing
137174	Address
	11001411
Resinsten 5	hores FL. 33708
	City/State and Zip Code
E-mail address: (to be	Productions & Gmail.co.
For further information concerning this matter,	•
Name of Person	at (727) 437 - 0351 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytine Telephone Number
Enclosed is a check for the following amou	int:
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Stat	
Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	me: imited Liability Comp	pany is:		
Dorse	nm lu	(el Oing ited Liability Company, "L.L.	L.L.C.	
(M	ust end with the words "Lim	ited Liability Company, "L.L.	C.," or "LLC.")	
ARTICLE II -'Ac The mailing addre		of the principal office of	of the Limited Liability	y Company is:
Principal Office A	Address:	Mailing Add	<u>iress:</u>	
Roding tox	74+1 Terr	177 R.dins	174 +4 T.	<u>er</u> c. <u>8</u>
(The Limited Liability C	egistered Agent, Resource as its cactive Florida registration.)	gistered Office, & Re own Registered Agent. You m	gistered Agent's Sign ust designate an individual or	nature: ranother
The name and the		of the registered agen		
	Jason	Name Name P4 + 4 Terr, street address (P.O. Box N	4 2 27	
		Name		
	137 17	14th Terr		
	Reding ton	FL 33	700	
liability compa registered agent a statutes relating	ned as registered agent iny at the place design and agree to act in this to the proper and com- igations of my position	and to accept service of ated in this certificate, a capacity. I further agraphete performance of a registered agent as	of process for the above hereby accept the app ee to comply with the p by duties, and I am family provided for in Chapte	pointment as provisions of all iliar with and
	Registered Agent	t's Signature (REQUIRED)	<u>→</u> ×
	(Ct	ONTINUEÐ)		SION OF C
		age 1 of 2		07 S1 07 POR AM 10

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Mbra	Jason Lee Ourland 177 17445 Terr Reffing to FL. 37708
 	
(Use attachment if necessary)	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jason Lee Dor4
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)