## 44211000011

| (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: |
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|   |

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EXAMINER



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INTERIOR OF CORPORATION
TALL APASSEE, FLORIDA

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SECNETARY OF STATE

## COVER LETTER

|                      | ion Section of Corporations  |
|----------------------|--|
| SUBJECT:             | Name of Limited Liability Company  |
| The enclosed Artic   | les of Organization and fee(s) are submitted for filing.   |
| Please return all co | rrespondence concerning this matter to the following:  |
|                      | Christopher M. Dun   |
|                      | Name of Person .   |
|                      | Firm/Company   |
|                      | 4244 Hyligh Dea Drive  |
|                      |  |
|                      | Tallah-ssee, FL 32303  |
| · _                  | City/State and Zip Code  Chris a condum. com  F-mail address: (to be used for future annual report notification)   |
|                      | 2  |
| i                    | ation concerning this matter, please call:   |
|                      | Name of Person at (\$50) 264 4538  Area Code & Daytime Telephone Number  |
| Enclosed is a che    | ck for the following amount:   |
| \$125.00 Filing Fed  | \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & 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 CircleTallahassee, FL 32301 |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is:  |
|--|
| CM Dun, 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:  Mailing Address:  |
| 11744 Haleil Dea Drive   |
| Tulldans le FC77722  |
| (*(\(\lambda\)) \(\tau\)   |
| 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:    Christophe M. Dun   Name   Proposition   Proposition |
| Allo Gassel FL J 2333  |
| 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 as 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  |

(CONTINUED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:                                      |
|--|--|
| MGRM   | Chris Dran<br>4244 Hyleigh Dea Dri.<br>Tall. FL 32303  |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
|  | the date of filing: (OPTION.                           |
| fective date is listed, the date must  | t be specific and cannot be more than five business da |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE: | t be specific and cannot be more than five business da |
| ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  | t be specific and cannot be more than five business da |

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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