

L12000023393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

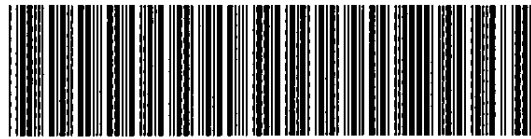
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/16/12--01024--018 **130.00

EFFECTIVE DATE
3/1/12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 16 AM 11:56

FILED

N. Culligan FEB 17 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Duc Motors LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Valle
Name of Person

Duc Motors LLC
Firm/Company

2454 Braman Ave # 16
Address

Fort Myers Fl 33901
City/State and Zip Code

duc123@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Valle at (239) 7384848
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Duc Motors 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:

2454 Braman Ave # 16
Fort Myers Fl 33901

Mailing Address:

10280 Crepe Jasmine Ln
Fort Myers Fl 33913

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:

Douglas Valle

Name

10280 Crepe Jasmine Ln

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

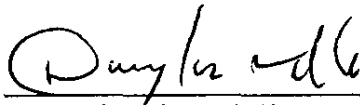
Fort Myers

FL 33913

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

Douglas Valle

10280 Crepe Jasmine Ln

Fort Myers Fl 33913

MGRM

Luis Rodriguez

27413 Coral Spring Dr

Wesley Chapel Fl 33544

MGRM

Jose Bonilla

1130 Big CreekDr

Wesley Chapel Fl 33544

MGRM

Jaime Morales

3201 Summer Cruise Dr

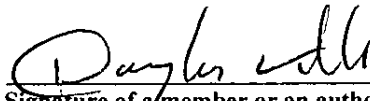
Valrico Fl 33594

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/01/2012 (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. 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.)

Douglas Valle

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 16 AM 11:56

FILED

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)