

L120000 86336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

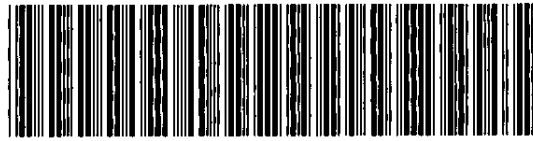
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EXAMINER



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12 JUN 29 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUN 29 PM 4:27



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 260017 4305390

AUTHORIZATION :

COST LIMIT : \$ 125

Handwritten signature

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUN 29 PM 4:27

ORDER DATE : June 29, 2012

ORDER TIME : 9:36 AM

ORDER NO. : 260017-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: DUDA ASSOCIATES, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUDA ASSOCIATES, 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:

c/o V. Paulius & Associates

54 West Allendale Avenue

Allendale, NJ 07401

Mailing Address:

c/o V. Paulius & Associates

54 West Allendale Avenue

Allendale, NJ 07401

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:

Brone Paulius

Name

2961 LeBateau Drive

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

Palm Beach Gardens

FL 33418

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.

X Brone Paulius
Registered Agent's Signature (REQUIRED)
Brone Paulius

(CONTINUED)

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DIVISION OF CORPORATIONS
12 JUN 29 PM 4:27

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:

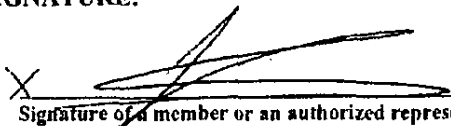
MGR

Robert Paulius, c/o V. Paulius & Associates
54 West Allendale Avenue
Allendale, NJ 07401

(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:

X 

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.)

Robert Paulius, Manager

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)