L120000 93571

•
(Requestor's Name)
(Address)
, ,
(Address)
(Addiess)
(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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12 JUL 18 AM 10: 00

SECRETARY OF STATE VISIDITOR CORPOLATIONS

JUL 1 9 2012 T. HAMPTON

COVER LETTER

10:	Registration Section Division of Corporations			
SUBJE	CCT: D	uggan Woi	rldWide, LLC	
09002		me of Limited Liab	oility Company	
The end	closed Articles of Organization and	d fee(s) are submit	ted for filing.	
Please	return all correspondence concerni	ng this matter to th	ne following:	
		<u>Deborah</u>	n Duggan of Person	
			rldWide, LLC)
•		Firm/C	Company	
	13	394 Dunlaw	ton Ave #100)7
•		Ad	dress	
<u>-</u>			e, FL 32127	
		·	and Zip Code	
-	E-mail address:		@gmail.com e annual report notificat	ion)
For furt	her information concerning this m	atter, please call:	·	
	Deborah Duggan	at (Area Code & Daytime	381-7365
	Name of Person		Area Code & Daytime	e Telephone Number
Enclose	ed is a check for the following	amount:		
3125.00	Filing Fee \$130.00 Filing Certificate of	Status Ce	55.00 Filing Fee & ertified Copy Iditional copy is enclose	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Sec Division of Co P.O. Box 6327 Tallahassee, FL	ction rporations	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ntions nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOFOR	IGANIZATION	FOR FLORIDA LIMITED EIABILITTE	J1411 F	#1 T I
ARTICLE I - Name The name of the Lim		npany is:		
	Duggan \	WorldWide, LLC		
(Must	end with the words "Lii	mited Liability Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - Adda The mailing address		of the principal office of the Limited Liability	Compa	any is:
Principal Office Ad	dress:	Mailing Address:		
1394 Dunlawton Ave				
Port Orange, FL 3212				
The name and the Flo		es of the registered agent are:		
		Name		
	1394 Dun	lawton Ave #1007		
	Florida	a street address (P.O. Box NOT acceptable)		
	Port Orang	ge _{FL} 32127		
		City, State, and Zip		
liability company registered agent and statutes relating to	at the place design agree to act in thi the proper and con	nt and to accept service of process for the above s nated in this certificate. I hereby accept the appo is capacity. I further agree to comply with the pro mplete performance of my duties, and I am famili on as registered agent as provided for in Chapter	intmen ovision iar with	t as is of all h and
	Alboras Registered Age	h Ouggan nt's Signature (REQUIRED)	12 Jl	SEC

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGRM	Deborah Duggan
	1394 Dunlawton Ave #1007
	Port Orange, FL 32127
(Use attachment if necessary)	
CUENT Perating data if athoushoust a	lote of filling. (OPTION
effective date is listed, the date must be	late of filing: (OPTION specific and cannot be more than five business d
0 days after the date of filing.)	•
REQUIRED SIGNATURE:	
	_
^	Leggan

(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.)

Deborah Duggan

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)

12 JUL 18 AM 10: 00