Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000051457 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another over sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAND WEINTRAUB, P.L.

Account Number : 120090000020

Phone : (941)917-0505

Fax Number : (941)917-0506

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
-------	----------	--	--

013A00005549.

FLORIDA LIMITED LIABILITY CO. AliDuane, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Audit# (((H13000051457 3)))

2013 HAR -5 AH 10: 12 英语LIARY OF STATE
TAN ASSET FI ARIS/

ARTICLES OF ORGANIZATION

ALIDUANE, LLC

a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

AliDuane, LLC

ARTICLE II PRINCIPAL OFFICE

The street address of the principal place of business of the Limited Liability Company shall be:

46610 State Road 70 East Myakka City, FL 34251

ARTICLE III PRINCIPAL OFFICE

The mailing address of the principal place of business of the Limited Liability Company shall be:

P.O. Box 384 Myakka City, FL 34251

Audit# (((H13000051457 3)))

Audit#

((H13000051457 3)))

ARTICLE IV INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Michael J. Urban 46610 State Road 70 East Myakka City, FL 34251

ARTICLE V MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

'Authorized Representative"

Audit# (((H13000051457 3)))

00114904.WPD;1

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

AliDuane, LLC

2. The name and the Florida street address of the registered agent is?

Michael J. Urban 46610 State Road 70 East Myakka City, FL 34251 MAR -5 AM 10: 12
RETARY OF STATE
AHASSILE. FLORIBA

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael

"REGISTERED AGENT"