## L13000/38/19

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## COVER LETTER

10:	Division of C			
SUBJE	CT:	Nondrous	Duo LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limit	ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
P <b>l</b> ease i	return all corresp	condence concerning this matt	er to the following:	
	MNOR	ZEW LOVA	NIS	
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-	VO 0 A	E-mail address: (to be used t	D Gmail-Com  for fiture annual report notification)	
For fire	ther information	concerning this matter, please		
An	OREW Name	of Person	at (727) 786- Area Code & Daytime Telep	1126 home Namber
Enclos	sed is a check t	or the following amount:		
<b>Ž</b> \$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/Counter Address Registration Section Division of Corporations Chilon Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WONDROUS DUO 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:
3115 OAK CT  DUNEDIN, FL 34618  DUNEDIN, FL 34698
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:
ANDREW KOVENIS
#
3115 OAK CT
Florida street address (P.O. Box <u>NOT</u> acceptable)
City, State, and Zip
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 familian 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)

Page 1 of 2

<u>Title:</u> 'MGR''= Manager 'MGRM''= Managing Member	Name and Address:
MGRM	ANDREW FOVANIS  3115 OAK CT  DUNEDIN, FI 34698
	DUNEDTN, F1 34698
MGRM	JOCELYN NUNEZ
	JOCELYN NUNEZ  1964 W. SKYliNE DR  CLEARWATER FI 3376
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