## L14000062953

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SECRETARY OF STATE

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## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Dominion Equity, LLC</u> Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	·
	Gordon Duncan	Name of Person	
	Duncan & Associates, P.A.	Firm/Company	
	PO Box 249	Address	
	Ft. Myers, FL 33902	City/State and Zip Code	
<u>G</u>	ordon@Duncanassociatesfl.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
Gordo	on Duncan at ( at ( at ( at ( at (	239 ) 334-4574 Area Code Daytime Te	lephone Number
	ed is a check for the following amount:  10 Filing Fee      Status   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 Adding Registration Section Division of Corporate Clifton Building 2661 Executive Central Tallahassee, FL 3230	ions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Elimited Elability Company is.		
Dominion Equity, LLC		
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7370 College Parkway #308 Ft. Myers, FL 33907	7370 College Parkway #308 Ft. Myers, FL 33907	<del></del>
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra.)  The name and the Florida street address of the register.	own Registered Agent. You must designate an in ation.)	dividual or
Gordon Duncan	<del></del>	AEG
Na	ame	APR T
<u>1601 Jackson Street, Suite</u> Florida street address (P.O. I		SSE 16
·	<del></del>	
Fort Myers, City	FL 33901 Zip	SSI SESSION OF SESSION
	ccept the appointment as registered agent and agi Ons of all statutes relating to the proper and comp	ree to act in this plete performance
(CONTI	NUED)	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Gordon Duncan
	PO Box 249
	Ft. Myers, FL 33902
	<u></u>
	•
EV: Effective date, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date cective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
(Use attachment if necessary)  E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
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E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under	mber of an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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The name and address of each person authorized to manage and control the Limited Liability Company:

'ARTICLE IV-