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SECRETARY OF STATE

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B. BOSTICK AUG **1 5** 2014

FRAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: LouDan, LLC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
	return all correspondence concerning this matter to the following:
	Louis Pullara, Jr.
	Name of Person
	Firm/Company
	T KIND COMPANY
	3711 Azeele Address
	Tampa, Florida 33609 City/State and Zip Code
<u>lo</u>	City/State and Zip Code uispullara@covad.net E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Louis	Bullara Ir
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
□ \$125.0	OFiling Fee \$\Bigsiz \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Elithica Elability Company is.	
LouDan, LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3711 Azeele Tampa, Florida 33609	3711 Azeele Tampa, Florida 33609
Tampa, Florida 33009	
The name and the Florida street address of the reg	gistered agent are:
,	Name
3711 Azeele	
Florida street address (P.	.O. Box NOT acceptable)
Tampa	FL 33609
City	Zip
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro	except service of process for the above stated limited liability company as a company to accept the appointment as registered agent and agree to act in this exisions of all statutes relating to the proper and complete performance at the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Louis Pullara, Jr.
	3711 Azeele
	Tampa, Florida 33609
AMBR	Daniel J. Fernandez, II
	923 West Braddock
	Tampa, Florida 33603
AMBR	Daniel J Fernandez
	3002 W. Kennedy Blvd
	Tampa, FL 33609
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
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