#L 15000069436

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000271669090

04/21/15--01008--014 **138.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING 15 APR 21 PH 12: 32

RECEIVED

15 APR 21 PH I2: 36



K.SALY EXAMINER APR 21 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dukes Prestigious Flool Covering LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brandon Dukes
Name of Person
Firm/Company
276 San Smith Lirele
Address
276 Sam Smith Circle Address Crawfordville F1 32327 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Craft at (850) 728 - 8591 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")	
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
274 San Smith Linde	
Crawfordy'Me F1 32327	
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: Branden Dules	; ;
Branden Dules Name 276 Sam Smith Circle Florida street address (P.O. Box NOT acceptable) Crawfordville FL 32327	
Crawfordville FL 32327 City Zip	<u>ي</u> پ
Having been named as registered agent and to accept service of process for the above stated limited liability compant 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 performant of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Registered Agent's Signature (REQUIRED)	s 1ce
(CONTINUED)	

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Brandon Dukes
	276 San Smith Circle Crayfordille F1 32327
	<u> </u>
	<u> </u>
fective date is listed, the date mi	the date of filing: $4-21-15$. (OPTIONAL) ast be specific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than	the date of filing: <u>4-7/-15</u> . (OPTIONAL) ist be specific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other thar fective date is listed, the date must of filing.)	the date of filing: $4-7/-5$. (OPTIONAL) ist be specific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other thar fective date is listed, the date must of filing.)	the date of filing: $4-7/-5$ (OPTIONAL) ast be specific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with seconstitutes an affirma I am aware that any factive of the content o	the date of filing: 4-71-15 (OPTIONAL) Ist be specific and cannot be more than five business days prior to or 90 compared to a member or an authorized representative of a member, section 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Itse information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.) Typed or printed name of signee
LE V: Effective date, if other than fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with seconstitutes an affirma I am aware that any factive of the content o	of a member or an authorized representative of a member, ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)

Page 2 of 2