## 11500003789

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
· (Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	·	

Office Use Only



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JUN 1 5 2015 S. GILBERT

### **COVER LETTER**

Division of Cor			
SUBJECT: The		u of Dunclee ited Liability Company	uc
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
X	Yara San	ford	
-		Name of Person	
**************************************		Firm/Company	· · · · · · · · · · · · · · · · · · ·
105	Babsan	Drive Address	
Poolbso	in Park	FI 3382	
Ka	all sonfo	ty/State and Zip Code  Or future annual report notificati	<u></u>
For further information cor	ncerning this matter, please	call:	
Kara Name	Sanford at (8)	23 ) 850 - CO ea Code Daytime Telephone	<del></del>
Enclosed is a check for th	e following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &

### Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

# ARTICLE I - Name: The name of the Limited Liability Company is: 15 JUN 15 PM 5: 30 (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:

203 E. Main Street	105 Babban Drive
Duncke Fl 33838	Babbon Kurk Fl. 33827
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

Cara Dantord Name Car Pooloson Drive

Florida street address (P.O. Box NOT acceptable)

City State 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 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)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Memi	Name and Address:
"MGR" = Manager	Robert Williams
	Bahach Dark II 3882
Owner.	(863) 638, 4707
<u> </u>	Lava Santord IN Babson Drive
	Babaon park F1. 38827 (863) 852-0519
	1000,030-001
(Use attachment if necessary)	-
•	an the date of filing: . (OPTIONAL)
CLE V: Effective date, if other the	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 d.
CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block	nust be specific and cannot be more than five business days prior to or 90 d does not meet the applicable statutory filing requirements, this date will not b
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CLE V: Effective date, if other the effective date is listed, the date is te of filing.)  If the date inserted in this block current's effective date on the DCLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance constitutes an I am aware the	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)