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(Address) (Address) (City/State/Zip/Phone #) [PICK-UP	(Requestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
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Certified Copies Certificates of Status	(Business Entity Name)	
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	
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06/08/17--01013--009 **125.00

FILED
17 JUN-8 PHIZ: 46
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DUNCAN AND CLARK LEW ESTATE, 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:
DAVID J. CLARK Name of Person
DINCAN AND CLARK REAL ESTATE, LIC
2254 N.W. 99th TERRACE Address
City/State and Zip Code david. clark 79 @ bellsouth. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sigma \text{\$125.00 Filing Fee} \text{\$\sigma \text{\$130.00 Filing Fee & Certificate of Status}} \$\sigma \text{\$\sigma \text{\$\cong
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	L	E	I	-	N	la	m	e	:
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The name of the Limited Liability Company is:

Must contain 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:	<u>Mailing Address</u> :
2254 NW 19th TERRACE	2254 NW 99th TERRACE
MIAMI, FL.	MIANI, FL.
33147	33147

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:

DAVID?	J. Cl	ARK	
	Name		
2254 NW	99th TS	ERLACE	
Florida street address	(P.O. Box NC	OT acceptable)	
MIAMI	Fi.	33147	
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)



"AMBR" = A "MGR" = M A	Authorized Member anager 7	DAVIN J. CHARK	
AFID		2254 NW 99th TERRACE MIAMI FL. 33147	
· · ·			
(Use attachm	nent if necessary)		
ARTICLE V: Effective date is	ve date, if other than the date of fi listed, the date must be specifi	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days aft	ter
the date of filing.) Note: If the date inse	rted in this block does not meet ive date on the Department of S	the applicable statutory filing requirements, this date will not be listed tate's records.	i as
the date of filing.) Note: If the date inse	ive date on the Department of S		d as
Note: If the date inse the document's effect	ive date on the Department of S		d as
the date of filing.) Note: If the date inset the document's effect ARTICLE VI: Other p	ive date on the Department of S		d as
the date of filing.) Note: If the date inset the document's effect ARTICLE VI: Other p	Signature of a member This document is executed in I am aware that any false info		d as
the date of filing.) Note: If the date inset the document's effect ARTICLE VI: Other p	Signature of a member This document at any false informations at third degree fellows.	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State	d as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)