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COVER LETTER

	ew Filing Section vision of Corporations	
SUBJECT	DURHAMS SITE DEVELOPMEN	rt, llc
300000	:Name of I	imited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	m all correspondence concerning this	matter to the following:
	CORI CURRIER	
		Name of Person
	GEORGE TRENEN BUSH CPA &	CO., P. A.
		Firm/Company
	205 AVENUE K SE	
		Address
	WINTER HAVEN, FL 33880	
	CORI_GTBCPA@YAHOO.COM	City/State and Zip Code
-		ed for future annual report notification)
For further is	nformation concerning this matter, ple	ase call:
	GEORGE TRENEN BUSH	863 401-8866
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi		S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	pany is:			
DURHAMS SITE DEVELO (Must contain the	OPMENT, LLC words "Limited Lia	hility Company "	I.I. C "or "L.C")	
	words isimited isit	company,	bible., or bbc. y	
ARTICLE II - Address: The mailing address and street address	of the principal offic	ce of the Limited I	liability Company is:	
Principal Offi	ice Address:		Mailing Address:	
4580 CHAMBLISS ROAD	•		CHAMBLISS ROAD	
WINTER HAVEN, FL 331	384	<u>WINT</u>	TER HAVEN, FL 33884	
another business entity with an active leading. The name and the Florida street address RO	•			
KO	 	lame		
458	0 CHAMBLISS RO	AD		
	orida street address (I		ertable)	
wn	NTER HAVEN	FL /	33884	
	City	State	Zip	
Having been named as registered agent of place designated in this certificate, I here further agree to comply with the provision am familiar with and accept the obligation————————————————————————————————————	pby accept the appoint ins of all statutes refailed in the statutes refailed in the statutes of my positron as	ment as registered ting to the proper o	d agent and agree to act in the and complete performance of s provided for in Chapter 60.	nis capacity. 1 I my duties, and I

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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized I	vlember	
	10/11501	
"MGR" = Manager		
AMBR	BILLIE JO DURHAM	
	4580 CHAMBLISS ROAD	_
	WINTER HAVEN, FL 33884	
AMBR	ROBERT DURHAM	
	4580 CHAMBLISS ROAD	
	WINTER HAVEN, FL 33884	
		<u> </u>
AMBR	CHAD DURHAM	
	4580 CHAMBLISS ROAD	
	WINTER HAVEN, FL 33884	
•		
		
(Use attachment if neces	sary)	
	1	
	block does not meet the applicable statutory filing requirements, this date will the Department of State's records:	r 90 days : I not be list
If the date inserted in this	the Department of State's records.	•
If the date inserted in this cument's effective date on	the Department of State's records.	•
If the date inserted in this cument's effective date on CLE VI: Other provisions, i	fany.	•
If the date inserted in this cument's effective date on	fany.	•
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