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(Re	equestor's Name)	
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COVER LETTER

то:	New Filing Section Division of Corporations
SUBJI	
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Tim Dunphy Name of Person
	Dunphy Properties Firm/Company
	21760 SR 54, Suite 102 Address
	Lutz 7L 33549 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Name of Person at (813) 283 255 8 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
∑ \$125.00	Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

29:11 Dunde	e LLC
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
RTICLE II - Address:	
	imited Liability Company is: Mailing Address:
he mailing address and street address of the principal office of the L	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Jim Dunghy, Jr

Name

21760 SR 54 Switt 102

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

Lut 7 33549

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 velating 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)

<u>Title:</u> "AMBR" = Authorized	Name and Address: Member
"MGR" = Manager MGR	Jim Dunphy, Jr
	21760 St 54 Suite 102 Lut 2 72 33549
A 4. 0.00	
<u>AMBP</u>	Janes Dunchy III 21760 34 5R 54 State 107 Lutz 7L 335719
(Use attachment if nece	reary)
CLE V: Effective date, if of the classifier of filing.) If the date inserted in this	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 days at block does not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if of the feetive date is listed, the set of filing.) If the date inserted in this cument's effective date or	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 days at block does not meet the applicable statutory filing requirements, this date will not be liste the Department of State's records.
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CLE V: Effective date, if of effective date is listed, the te of filing.) If the date inserted in this cument's effective date or CLE VI: Other provisions, REQUIRED SIGNAT	ther than the date of filing:
CLE V: Effective date, if of effective date is listed, the te of filing.) If the date inserted in this ocument's effective date or CLE VI: Other provisions, REQUIRED SIGNAT 5.5 This delay are an acconstit	ther than the date of filing:

ARTICLE IV-