

L21000294710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

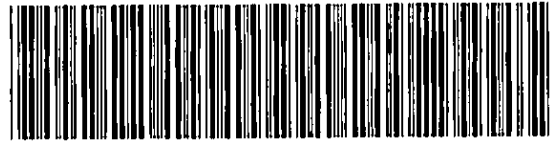
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200368618602

FILED

2021 JUN 24 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 24 PM 4:21

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

6/25/21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 879378 9666A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : June 24, 2021

ORDER TIME : 1:36 PM

ORDER NO. : 879378-005

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: DUGANS BLUFF, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

FILED

2021 JUN 24 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FL.

**ARTICLES OF ORGANIZATION
FOR
DUGANS BLUFF, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.
NAME**

The name of the Limited Liability Company is "*Dugans Bluff, LLC*" (the "*Company*").

**ARTICLE II.
ADDRESS**

The mailing address and street address of the principal office of the Company is 10483 N Silver Lake Point, Dunnellon, FL 34434.

**ARTICLE III.
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 605.0101 through 605.1108 of the *Florida Revised Statutes Annotated* (the "*Act*") or the Company's Operating Agreement among the members (the "*Operating Agreement*").

**ARTICLE IV.
MANAGEMENT**

The Limited Liability Company is to be managed by a manager. The initial manager shall be Dwight L. Porter.

**ARTICLE V.
PURPOSE**

The purpose for which the Company is being organized is to operate, develop, lease, and ultimately resale, whether in its own capacity, or as joint venture partner, real property, including for single family residential, multi-family residential, or commercial purposes, and to transact any other lawful business approved by the members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

**ARTICLE VI.
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of

ARTICLES OF ORGANIZATION
FOR
DUGANS BLUFF, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

Page 2 of 2

the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has hereunto set his hand this 24 day of June, 2021.



DWIGHT L. PORTER

STATE OF FLORIDA
COUNTY OF Marion

The foregoing ARTICLES OF ORGANIZATION was sworn to, subscribed to and acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 24 day of June, 2021, by DWIGHT L. PORTER, who is:

☒ Personally known to me, OR
☐ Produced a driver's license as identification.

JOANNE M. DEGRAFF
Notary Public, State of Florida
My Comm. expires June 28, 2022
Comm. No. GG 211592


Print Name: _____
Notary Public, State of Florida
Commission Number: _____
Commission Expires: _____

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0101 through 605.1108, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *Dugans Bluff, LLC.*
2. The name and address of the registered agent and office is:

Dwight L. Porter
10483 N Silver Lake Point,
Dunnellon, FL 34434
or
PO Box 1234
Dunnellon, FL 34430

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.



DWIGHT L. PORTER

Date: June 24, 2021

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 24 PM 12: 06

FILED