

122000088039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

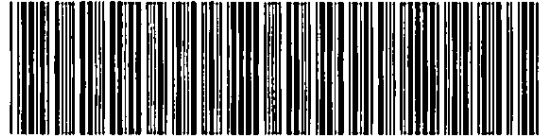
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022-3 11:31
10/1/22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2022

DEMARE DUHART
11626 BRANCH CAY CIR
RIVERVIEW, FL 33569

SUBJECT: DUHART'S ENTERPRISE LLC
Ref. Number: W22000013519

2022 MAR -3 AM 1:31
MAIL

We have received your document for DUHART'S ENTERPRISE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for Duhart's Enterprise LLC, however, upon receipt of your document no check was enclosed. Please retransmit your document along with a check or money order made payable to the Department of State for \$130.00. We have received your document for, however, upon receipt of your document

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 422A00002963

*Sorry for not
e-checking*

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Duhart's Enterprise 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:

Demare Duhart

Name of Person

Firm/Company

11626 Branch Cay Cir

Address

Riverview FL 33569

City/State and Zip Code

demareduhart20@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Demare Duhart 708 208-9459
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 MAR -3 AM 1:31
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Duhart Enterprise LLC

(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:

Mailing Address:

11626 Branch Cay Cir

11626 Branch Cay Cir

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:

Demare Duhart

Name

11626 Branch Cay Cir

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

Riverview

FL

33569

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.

Demare Duhart

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Demare Duhart

11626 Branch Cav Cir

Riverview, FL 33569

MGR

Demare Duhart

11626 Branch Cav Cir

Riverview, FL 33569

AMBR

Kailyn Waddell

11626 Branch Cav Cir

Riverview, FL 33569

AMBR

RaVaughn Crowley

490 S. Jeffery

Calumet City, IL 60419

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/13/2022 (OPTIONAL)

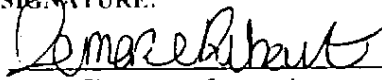
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Demare Duhart

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2022 MAR -3 AM 1:31
SECTION
FALL