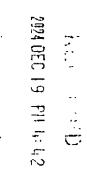
# 

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NAME: DUKE'S REMODELING LLC

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#### COVER LETTER

TO:	New Filing Sec Division of Cor						
		nodeling LLC					
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<b></b>							
	closed Articles of				-		
Please	return all correspo	ndence concernit	ig this mat	ter to the	following:		
	Noah Avery					1.5	
				Name of	Person	<del></del> ;	
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				Addr	ress		
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	Anthony Mai	niscaleo	631	l	654-0219		
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Enclose	ed is a check for th	ne following amor	unt:				
□\$12:	5.00 Filing Fee	□\$130.00 Filii Certificate of S		Certifi	5.00 Filing Fee & ied Copy ial copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
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Tallahassee, FL 32314			Tallahassee, FL 32303				

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Company is:		
Duke's Remodeling LI	LC		
(Must contai	n the words "Limited Liability (	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	tress of the principal office of th	ne Limited Liability Company is:	
<u>Principal</u>	Office Address:	Mailing Address:	
3300 Bayou Sound		3300 Bayou Sound	
Longboat Key, FL 342	228	Longboat Key, FL 34228	
	JUDYN HUP	1	
	Name  2200 Bay  Florida street address (P.O. B		1
	Name  3,200 Bay  Florida street address (P.O. B  City Sta	oy Soyn I ox NOT acceptable)  FL 3478  te Zip	l

(CONTINUED)

## The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Noah Avery 3300 Bayou Sound Longboat Key, FL 34228 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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. **REOUIRED 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. Nogh Avery 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)