

10/19/2018

L18 000 243 948

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000303323 3)))



H18000303323ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
DOSE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2018 OCT 19 10:13:10Z

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

OCT 23 2018

RECEIVED
18 OCT 19 PM 10:13
TALLAHASSEE, FL
SECRETARY OF STATE



(((H18000303323 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: October 1, 2018

ARTICLE I – NAME:

The name of the Limited Liability Company is:

DOSF, LLC

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

**2660 RAMPART WAY NORTH
HOLLYWOOD, FL 33026**

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

DALE GREGG

Name

2660 RAMPART WAY NORTH

Florida Street Address

HOLLYWOOD, FL 33026

City, State, and Zip

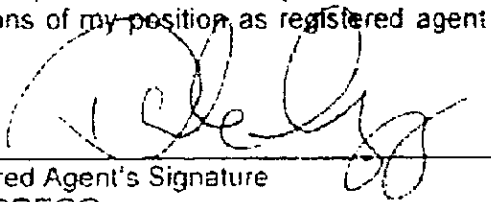
SECRET
18 OCT 19 PM 7:12
18506176381

(((H18000303323 3)))



((H18000303323 3))

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 605.0203 (1) (b).

x 
Registered Agent's Signature
DALE GREGG

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a single member LLC and is therefore a SINGLE MEMBER LLC company with single manager. The NAME and ADDRESS of initial MANAGER/MEMBER are as follows:

Title
Authorized Member

Name and Address:
DALE GREGG
2660 RAMPART WAY NORTH
HOLLYWOOD, FL 33026

-continued-

((H18000303323 3))

TALLAHASSEE, FL
STATE OF FLORIDA
18 OCT 19 PM 7:12
ED



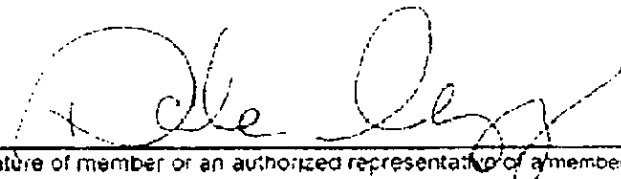
((H18000303323 3))

ARTICLE V BUSINESS DEDUCTIONS

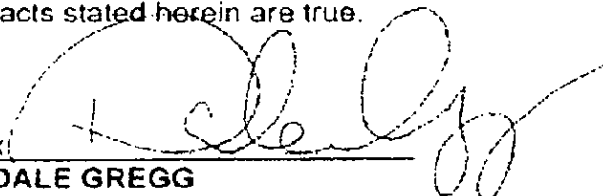
Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: OCTOBER 1, 2018.

x 
Signature of member or an authorized representative of a member

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

x! 
DALE GREGG
Member/Manager of LLC

October 1, 2018

FILED
18 OCT 19 PM 7:13
TALLAHASSEE, FLORIDA

((H18000303323 3))

