L21000277106

6/14/2021 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.

(((H21000234462 3)))

H21000234462 3ABCY

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

FILED
2021 JUN 14 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FL

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

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

**Email Address:** _____

2021 JUN 14 PM 4:46

**FLORIDA LIMITED LIABILITY CO.**
**DAVV, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $125.00 |

Electronic Filing Menu  Corporate Filing Menu  Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

DAVV, 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:** |
|---|---|
| 7901 4th St N STE 300 | 7901 4th St N STE 300 |
| St. Petersburg, FL 33702 | St. Petersburg, FL 33702 |

**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.)

FILED
2021 JUN 14 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FL

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

Registered Agents Inc.
Name

7901 4th St N STE 300
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, FL 33702
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..*

Bill Hamm
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

**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<br>"MGR" = Manager | |
| AMBR | Anna Margaryan<br>7901 4th St N STE 300<br>St. Petersburg, FL 33702 |
| AMBR | Dennis Colonello<br>7901 4th St N STE 300<br>St. Petersburg, FL 33702 |
| AMBR | Steven Yoon<br>7901 4th St N STE 300<br>St. Petersburg, FL 33702 |
| AMBR | Lichterman Talen<br>7901 4th St N STE 300<br>St. Petersburg, FL 33702 |

(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.

_____
_____
_____

**REQUIRED SIGNATURE:**

Riley Park
_____
**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.

Riley Park
_____
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)**

Additional Members:

AMBR
Silva Andranikian
7901 4th St N STE 300
St. Petersburg, FL 33702

AMBR
Keyway Pride Limited LLC
7901 4th St N STE 300
St. Petersburg, FL 33702

AMBR
Asher Lichterman
7901 4th St N STE 300
St. Petersburg, FL 33702