L21000519181

Office Use Only



400376921974

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

FROM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

				
REQU	EST	DATE	12/9/2023	1

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 979535

ORDER ENTITY

DYMA, LLC

PLEASE PERFORM THE FOLLOWING	SERVICES:
DYMA, LLC (FL)	

Please file the attached articles and provide a certified copy.

NOTES: \$155.00 Authorized

Email address for annual report reminders: Paul@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, December 9, 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE II - Address:

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

<u>Prin</u>	cipal Office Address:		Mailing Address:
28 Auerbach Lan	e	28 A	uerbach Lane
Lawrence, New Y	'ork 11559	Lawi	ence, New York 11559
ARTICLE III - Registered at (The Limited Liability Companother business entity with a The name and the Florida street.)	any cannot serve as its own an active Florida registrati	n Registered Agent. Y on.) d agent are:	t's Signature: 'ou must designate an individual or
	INIXI Services, inc.	Name	
	1200 South Pine Isla Florida street addres	and Road_ ss (P.O. Box <u>NOT</u> ac	ceptable)
	<u>Plantation</u>	Florida	33324

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..

NRAT Services, Inc., By: Lisa A. Delaney, Assistant Secretary

By: /s/ Lisa A Delaney

Registered Agent's Signature (REQUIRED)

(CONTINUED)

AR'	116	L.F	IX'

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>MGR</u>	Jason Lieber
	28 Auerbach Lane
	Lawrence, New York 11559
	,
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	그 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
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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)