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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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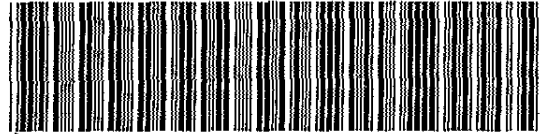
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Acknowledgement

DCC

W. P. Verifier

DCC



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SECRET
STATE
TALLAHASSEE FLORIDA

03 DEC -8 AM 9:02

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUBROW FAMILY, 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:

Sigmund Dubrow
(Name of Person)

(Firm/Company)

16960 Silver Oak Circle
(Address)

Delray Beach, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Dubrow at (561) 573-5336
(Name of Person) (Area Code & Daytime Telephone Number)

Please return one certified copy.

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATE OF
TALLAHASSEE
FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUBROW FAMILY, LLC

ARTICLE II - Address:

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

Principal Office Address:

16960 Silver Oak Circle

Delray Beach, FL 33445

Mailing Address:

16960 Silver Oak Circle

Delray Beach, FL 33445

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Sigmund Dubrow

Name

16960 Silver Oak Circle

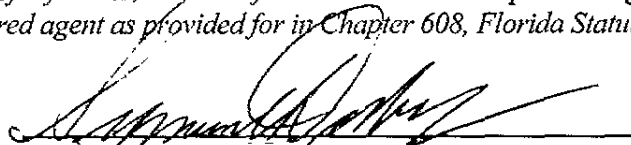
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach

FLORIDA 33445

City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

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03 DEC -8 AM 9:03
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Sigmund Dubrow

16960 Silver Oak Circle

Delray Beach, FL 33445

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

ED SIGNATURE: _____
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sigmund Dubrow

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-14-2010 BY 60322 UCBAW

03 DEC -8 AM 9:03