Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : RICHARD G. COKER, JR., P.A.

Account Number : I20010000145 Phone : (954)761-3636 Fax Number 1: (954)761-1818

100

LIMITED LIABILITY COMPANY

2449 DSC LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TRANSMITTAL LETTER

TO: Registration of Division of	on Section of Corporations		
SUBJECT: 2449	DSC LLC		
		ted Liability Company)	·· ·········
The enclosed Artic	es of Organization and fee(s) are	submitted for filing.	
Please return all con	rrespondence concerning this mat	ter to the following:	
Rich	ard G. Coker, Jr., Esquire	. 	•
		(Name of Person)	
Coker & Feiner			1
	 	(Firm/Company)	
	•		
1404 Sc	outh Andrews Avenue	* *.	·
		. (Address)	
	,	4 (
F	ort Lauderdale, FL 33316-1840		_
	(City	y/State and Zip Code)	
For further informat	ion concerning this matter, please	call:	
Faye Johnston, Le		at (954) 761-3636	
(N	ame of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a chec	k for the following amount:		
☐ \$125.00 Filing F	ee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	DDRESS:

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

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, Florida 32314 H05000034093 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
2449 DSC LLC				
ARTICLE II - Address:	, ē			
The mailing address and street address of the	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
416 Coconut Isle	416 Coconut Isle			
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301			
ARTICLE III - Registered Agent, Registered	<u> </u>			
Richard G. Coker, Jr., Esquire				
Name				
1404 South Andrews Avenue				
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)			
Fort Lauderdale	<u>FL</u>			
City, State	, and Zip			
Having hash named as registered agent and to	a accent service of process for the above stated limited			

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, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Deborah S. Clark
	416 Coconut Isle
	Fort Lauderdale, FL 33301
	<u> </u>
	·
(Use attachment if necessary)	-

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

REQUIRED 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 ponaltics of perjury that the facts stated herein are true.)

Deborah S. Clark

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)

S 5.00 Certificate of Status (Optional)

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