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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Walk-In	Vill Pick Up			Courier	_ 1

	FOR ED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Dockside Holdings, LLC	7077
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2328 Tenth Avenue North	2328 Tenth Avenue North

# 2328 Tenth Avenue Suite 403 Suite 403 Lake Worth, Florida 33461 Lake Worth, Florida 33461

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

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

	Name				
2328 Tenth Avenue North, Suite 403					
Florida street address (P.O. Box NOT acceptable)					
Lake Worth	FLORIDA 33461				

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

Page 1 of 2 (CONTINUED)

## 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:				
MGRM	James B. Rukin 2328 Tenth Avenue North, Suite 403 Lake Worth, Florida 33461				
MGRM	Julia R. Rukin 2328 Tenth Avenue North, Suite 403 Lake Worth, Florida 33461				
MGR	Roger B. Rukin 2328 Tenth Avenue North, Suite 403 Lake Worth, Florida 33461				
(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 penalties of perjury that the facts stated herein are true.)

James B. Rukin Revocable Trust U/A/D 5/7/96

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)