

Florida Department of State
Division of Corporations
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29089

To: Division of Corporations
Fax Number : (850) 617-6383

From: R. Crum
Account Name : CASEY CIKLIN LUBITZ MARTENS & O'CONNELL
Account Number : 076376001447
Phone : (561) 832-5900
Fax Number : (561) 833-4209

DB

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DOUGLAS KORB LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

07 OCT 18 AM 10:53

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TALLAHASSEE, FLORIDA

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NO.747 P002

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Douglas Korb LLC

ARTICLE II - Address:

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

Principal Office Address:

1970 Chesterfield Ridge Circle

Chesterfield, MO 63017

Mailing Address:

SAME

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

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

Richard B. Crum

Name

515 N Flagler Drive Suite 1800

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

West Palm Beach

FLORIDA 33401

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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NO. 747 P003

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

Anne Douglas Korb

1970 Chesterfield Ridge Circle

Chesterfield, MO 63017

(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.)

Richard B. Crum

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)

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