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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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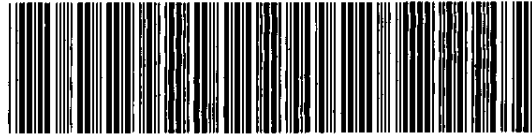
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 FEB 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR _1 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DubsPlus, 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:

Andrew Smeal

Name of Person

DubsPlus, LLC

Firm/Company

2422 Thomas Street

Address

Hollywood, FL 33020

City/State and Zip Code

andy@dubsplus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Smeal

Name of Person

at (305)

305) 454-1814

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Street/Courier Address

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DubsPlus, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2422 Thomas Street

Hollywood, FL 33020

Mailing Address:

2422 Thomas Street

Hollywood, FL 33020

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

William M. Lapsley

Name

3727 Ponce De Leon Blvd.

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

Coral Gables FL 33134

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, F.S..

William M. Lapsley
Registered Agent's Signature (REQUIRED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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10 FEB 26 PM 2:30
SECRETARY OF STATE
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

Stewart Goldstein

9165 Vineyard Lake Drive

Plantation, FL 33324

MGR

Jill Goldstein

9165 Vineyard Lake Drive

Plantation, FL 33324

MGR

Andrew Smeal

2422 Thomas Street

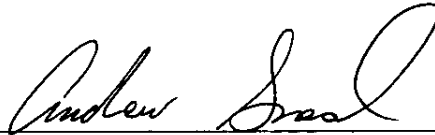
Hollywood, FL 33020

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Andrew Smeal

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)

\$ 5.00 Certificate of Status (Optional)