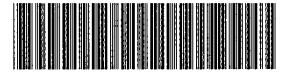
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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| . (Do | cument Number) | <u> </u> |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | • | |
| | | |
| , | | |

Office Use Only

(14) 28 2019 B. KOHR



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COVER LETTER

| Division of C | | | |
|--------------------------|---|---|--|
| SUBJECT: Pat | ricia Harry Dunl | | , |
| | Name of Limit | ted Liability Company | |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. | م |
| Please return all corres | pondence concerning this mat | ter to the following: | 3 1 |
| Blaine | C. Dickenson, E | sa. | £ 2 |
| | • | Name of Person | 972 |
| Dicker | son, Murphy, Rex | and Sloan | Fig. : |
| | | Pinn/Company | 9.7 |
| 150 Ea | st Palmetto Park | Rd., Suite 500 | D |
| | | Address | |
| Boca R | aton, FL 33432 | | |
| | Cit | ty/State and Zip Code | |
| bcd@dm | rslaw.com | | |
| | E-mail address: (to be used | for future annual report notification) | |
| For further information | concerning this matter, please | e call: | |
| Blaine C. D | ickenson | st 561 391-190 | 00 |
| Name | of Person | Area Code & Daytime Tele | phone 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 C | 1 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| ility Company, "L.L.C.," or "LLC.") |
|---|
| principal office of the Limited Liability Company is: |
| Mailing Address: |
| 14028_SW_83_Place Palmetto_Bay, FL_33158 |
| d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another |
| registered agent are: |
| on. Esq |
| Park Rd., Suite 500 |
| idress (P.O. Box NOT acceptable) |
| Idress (P.O. Box NOT acceptable) FL 33432 tate, and Zip |
| accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of the performance of my duties, and I am familiar with existered agent as provided for in Chapter 608, F.S |
| |

(CONTINUED)

Page 1 of 2

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

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

| Palmetto Bay. FL 33158 | 'MGR" = Manager 'MGRM" = Managing Member | |
|-------------------------------|---|--|
| • | Patricia H. Dunlop MGR | |
| | Lorraine Faye Dunlop MGR | |
| | ······································ | |
| | | |
| (Use attachment if necessary) | (Use attachment if necessary) | |

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TRICIA H. DUNLOP

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)