# L13000/69722

(Rec	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
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Effective Date 12/5/13

SECRETARY OF STATE

CEC - 9 2013 T. HAMPTON

### **COVER LETTER**

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TO: Registration S Division of Co			
SUBJECT: Dy	namic Oppo Name of Limite	rtunities LLC.	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
10 Please return all corresp	ondence concerning this matte	er to the following:	
David	Trubnikov		
· · · · · · · · · · · · · · · · · · ·		Name of Person	
Dyna	nic Ongrtuniti	es LIC.	
	nic Opportuniti	Firm/Company	
(0)	S. 2 Nd Aug	Δ#5	
<u> </u>	Sw 2 <sup>rd</sup> Ave	Address	
Box	Raton, FL	3343 2	
<u>doit</u>	dynamic @ E-mail address: (to be used i	mail, com or future annual report notification)	
For further information of	concerning this matter, please	call:	
David T	rubnikov	w 305 \ 755-	<b>154</b> 3
Name	of Person	at ( <u>305</u> ) <u>755 -</u> Area Code & Daytime Telep	hone Number
16 M 17 M			
Enclosed is a check for	or 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	Street/Courier Address Registration Section Division of Corporations	•

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Effective Date 12/5/13

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Dynamic Opportunit (Must end with the words "Limited L	ties LLC.
ARTICLE II - Address:	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
GOI SW 2 <sup>nd</sup> Ave Apt #5 Bora Raten, FL 33432	601 Sw 2 <sup>nd</sup> Ave. Ap+ #5 Bua Raton, FL 33432
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
David Trub	
601 Sw 2 <sup>nd</sup> / Florida street	Ave. Apt #5 t address (P.O. Box NOT acceptable)
<u>Soca Kateh</u> City	FL 33432 v, State, and Zip
liability company at the place designated registered agent and agree to act in this capall statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with s registered agent as provided for in Chapter 608, F.S
Registered Agent's Si	gnature (REQUIRED)
·	TALLAHASS
Page 1	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MCD" - Monocor	
"MGR" = Manager	
"MGRM" = Managing Member	
NAC 0	~ .i i
MOH	David Trubnikov
	601 Sw 2 nd Ave. Apt. #5
	Boig Ration, FL 33432
<del></del>	<del></del>
	,
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
<b>X</b>	
	Dika
Signature of a men	mer or an authorized representative of a member.
(In accordance with section of constitutes an affirmation unly I am aware that any false info	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
(In accordance with section of constitutes an affirmation until I am aware that any false informations intuities a third degree fel	der the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
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(In accordance with section of constitutes an affirmation un I am aware that any false information constitutes a third degree feleval Transfer Filing Fees:  \$125.00 Filing Fee for Articles of One	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Dockov  Typed or printed name of signee
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(In accordance with section of constitutes an affirmation under I am aware that any false information constitutes a third degree feleval and the section of Registered Agent	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Typed or printed name of signee  Typed or printed name of signee
(In accordance with section of constitutes an affirmation under I am aware that any false information constitutes a third degree feleval and the section of Filing Fees:  \$125.00 Filing Fee for Articles of Ormogen of Registered Agent \$30.00 Certified Copy (Optional)	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Chricov  Typed or printed name of signee  Typed or printed name of signee  Typed or printed name of signee  Typed or printed name of signee
(In accordance with section of constitutes an affirmation un I am aware that any false inficonstitutes a third degree fellow.  Filing Fees:  \$125.00 Filing Fee for Articles of Orion of Registered Agent \$30.00 Certified Copy (Optional)	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Dockov  Typed or printed name of signee