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M BURR KEIM CO

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Page 1 of 1

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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**  
**The Domeracki Partners LLC**

Certificate of Status	0
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T. BROWN

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

The Domeracki Partners 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:13900 County Road 455, Suite 107 #410  
Clermont, FL 34711Mailing Address:13900 County Road 455, Suite 107 #410  
Clermont, FL 34711

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Jessa Domeracki

Name

13900 County Road 455, Suite 107 #410Florida street address (P.O. Box NOT acceptable)Clermont

City

FL 34711

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member


"MGR" = Manager

AMBRName and Address:Jesse Domeracki16045 Pendlo DriveMontverde, FL 34756AMBRDiana Domeracki16045 Pendlo DriveMontverde, FL 34756

(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.)

**ARTICLE VI:** Other provisions, if any.  
\_\_\_\_\_  
\_\_\_\_\_**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1)(b), 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. 317.155, F.S.)Jesse Domeracki, Authorized Person

Typed or printed name of signer

**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)