Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940 Fax Number : (800)293-4075

Effective Date 12 29 14

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COOCHDRINGESSOO YOHOO

FLORIDA LIMITED LIABILITY CO. **DGR Sales LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

JAN = 5 2015 T HAMPTON Effective Date

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	OGR Sales LLC
(Muss end with the	ords "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:	Malling Address:
698 Milwaukee Boulevard	698 Milwaukee Boulevard
	tered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot sanother business entity with an active Florida street address to	tered Office, & Registered Agent's Signature: rve as its own Registered Agent. You must designate an inditida registration.) the registered agent are:
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot sanother business entity with an active Flo	tered Office, & Registered Agent's Signature: rve as its own Registered Agent. You must designate an inditida registration.) the registered agent are:
ARTICLE III - Registered Agent, Registered Agent	tered Office, & Registered Agent's Signature: rve as its own Registered Agent. You must designate an inditida registration.) the registered agent are: talez Name
ARTICLE III - Registered Agent, Registered Agent	tered Office, & Registered Agent's Signature: rve as its own Registered Agent. You must designate an indi- ida registration.) the registered agent are: :alez Name Boulevard

y at 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) Danielle Gonzalez

> > (CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Danielle Gonzalez
AMBR/MGR	698 Milwaukee Boulevard
	Lehigh Acres, FL 33974
MGR	Robin F. Blackburn Sr.
	P.O. Box 216 Donalsville, GA 39845
(Use attachment if necessary)	of filing: 12/29/2014 (OPTIONAL)
FICLE V: Effective date, if other than the date n effective date is listed, the date must be speare of filing.)	of filing: 12/29/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
FICLE V: Effective date, if other than the date in effective date is listed, the date must be speciate of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90
FICLE V: Effective date, if other than the date in effective date is listed, the date must be spidate of filing.) FICLE VI: Other provisions, it any. REQUIRED SIGNATURE:	mielu Danzelz
FICLE V: Effective date, if other than the date in effective date is listed, the date must be speciate of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation utili I am aware that any false in.	ecific and cannot be more than five business days prior to or 90

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15 JAN-2 AM 7: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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