(((H15000074024 3)))

P.01/03



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000074024 3)))



H150000740243ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ţφ:

Division of Corporations

fax Number

: (850)617-6383

From:

Account Name : ROBERT LRE SHAPIRO, P.A.

Account Number : 119990000101

: (561)691-0059

Phone Fax Number

: (561)691~0066

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

Email Address: davidb@brockdevelopmentcorp.com

FLORIDA LIMITED LIABILITY CO. DABFL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

(((H15000074024 3)))

MAR 2.5. 2015

Electronic Filing Menu

Corporate Filing Menu

Help

(((H15000074024 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Writeria on Order in with a court	COUNTY DAILM TO THE COURT OF AN
ARTICLE I - Name: The name of the Limited Liability Company is:	
DABFULLC (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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4050 Donald Ross Road, Suite 200 Palm Beach Gardens, FL 33418	4660 Donald Ross Road, Suite 200 Palm Beach Gardens, Fl., 33418
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered of the registered of the registered of the registered.	Registered Agent. You must designate an individual or L)
David A. Brock Name	£11. 22.
15234 Palmwood Road	NOT acceptable)
Plorida street address (P.O. Box	
Palm Beach Gardens	71. 33410
City	Zip To The Table
the place designated in this certificate, I hereby accept capacity. I firther agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to desire that is the appointment as registered agent and complete people makes iguitions of my position as registered agent as provided for makes to 605, F.S
Registered Agent's Signatu	(TROVERSED)
Redistaria Acent's Silinais	urt (REOURED)

(CONTINUED)

Page 1 of 2

 $(((H15000074024\ 3)))$

T(tint	Name and Address:		
"AMBR" = Authorized Member			
"MOR" = Manager MGR	Dodd A. Brode		
MOLE	David A, Brock 4650 Donald Ross Road, Suite 200		
	Palm Beach Gardens, FL 33418		
·			
	of filing: (OPTIONAL) ciffe and caunot be more than five business days prior to or 90 da	ys after	
CLE V: Effective date, if other than the date	of filing: (OPTIONAL) cific and caunot be more than five business days prior to or 90 da	ys after	
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)	of filing: (OPTIONAL) ciffe and caunot be more than five business days prior to or 90 da	ys after	
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)	of filing: (OPTIONAL) cific and caunot be more than five business days prior to or 90 ds		
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) CLE VI: Other provisions, if any.	of filing:	2815	
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 da	2815 HA	
CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a and fin accordance with section 603	cific and cannot be more than five business days prior to or 90 da aber or an anthorized representative of a member, .0203 (1) (b), Florida Statutes, the execution of this document	2815 HA	
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of 2-antifolds with section 605 constitutes an affirmation under	cific and cannot be more than five business days prior to or 90 days of the control of the contr	2815 MAR 24	
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of 2-month of the constitutes an affirmation under I am sware that any false inform	cific and cannot be more than five business days prior to or 90 days are an authorized representative of a member, .0203 (1) (b), Florids Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, authorized in a document to the Department of State	2815 MAR 24 PJ	
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of 2-month of the constitutes an affirmation under I am sware that any false inform	offic and cannot be more than five business days prior to or 90 days of the control of the contr	2815 MAR 24 PJ	

Page 2 of 1

(((H15000074024 3)))