

11/08/18

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H18000322397 3)))



H180003223973ABC2

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

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
WOLFVILLE ESTATE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H18000322397 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I  
Name**

The name of the Limited Liability Company is:

**WOLFVILLE ESTATE, LLC**

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is

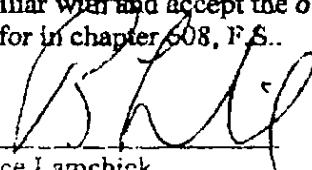
11427 SW 97 Ave  
Miami, Florida 33176

**ARTICLE III  
Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Bruce Lamchick  
LAMCHICK LAW GROUP PA  
9350 S. DIXIE AVE PH3  
Miami, Florida 33156

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 608, F.S..

  
\_\_\_\_\_  
Bruce Lamchick

((H18000322397 3)))

18 NOV -8 AM 11:54  
FILED

((H18000322397 3)))

**ARTICLE IV**  
**Members/Managers**

Listed below is the initial member/manager of the limited Liability Company and his respective percentages of ownership

DIMITRI DABDOUB 51%

SILKIA DABDOUB. 49%

**ARTICLE V**  
**Management (Check box if applicable)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

*Dimitri Dabdou*  
Signature of a member

*Silkia Dabdou*  
Signature of a member

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalty of perjury that the facts stated herein are true

DIMITRI DABDOUB & SILKIA DABDOUB  
Typed or printed name of signee

((H18000322397 3)))

18 NOV - 8 AM 11:54  
RECEIVED