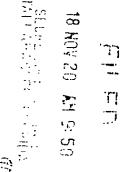
## L180002 68936

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

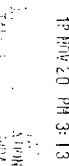
Office Use Only



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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/20/201	8	#WALK IN#
ENTITY NAME	DRM GROUP, LLC	WALK IIV
DOCUMENT NUMI	BER	
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxx	Plain Copy	
	Certified Copy Certificate of Status	
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESI NUMBER OF CERT	TINATION	
TOTAL OWED_	CHECK # 5463	
Please call Tina	at the above number for any issues or concerns. Thank you	so much!

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

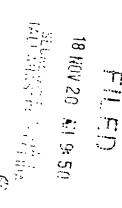
DRM Group LLC		<u></u>	
(Must co	ntain the words "Limited L	liability Company, '	'L.1C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
Principal Office Address:		Mailing Address:	
3112 NE 2nd Place	:	3112	NE 2nd Place
Ocala, Fl. 34470	<del> </del>		E1 01/20
ARTICLE III - Registered A	ny cannot serve as its own	& Registered Agen Registered Agent. Y	a, FI. 34470  t's Signature:  ou must designate an individual
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ny cannot serve as its own in active Florida registration at address of the registered	& Registered Agen Registered Agent. Y	t's Signature:
ARTICLE III - Registered A The Limited Liability Compai another business entity with an	ny cannot serve as its own in active Florida registration	& Registered Agent. Y Registered Agent. Y n.) agent are:	t's Signature:
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ny cannot serve as its own in active Florida registration at address of the registered	& Registered Agen Registered Agent. Y	t's Signature:
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ny cannot serve as its own a active Florida registration address of the registered InCorp Services, Inc  17888 67th Court No.	& Registered Agent Negistered Agent No.) agent are: Name	t's Signature: You must designate an individual
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ny cannot serve as its own a active Florida registration at address of the registered InCorp Services, Inc.	& Registered Agent Negistered Agent No.) agent are: Name	t's Signature: You must designate an individual
ARTICLE III - Registered A	ny cannot serve as its own a active Florida registration address of the registered InCorp Services, Inc  17888 67th Court No.	& Registered Agent Negistered Agent No.) agent are: Name	t's Signature: 'ou must designate an individual

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..

Sarah Balen, Asst. Sec

Registered Agent's Signature (REQUIRED

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: <u>Title:</u>
"AMBR" = Authorized Member Name and Address: "MGR" = Manager AMBR Michele Banks 3112 NE 2nd Place Ocala, FL 34470 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Lichele Bank Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.817.155, F.S. Michele Banks, Member Typed or printed name of signee 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)