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(City/State/Zip/Phone #)

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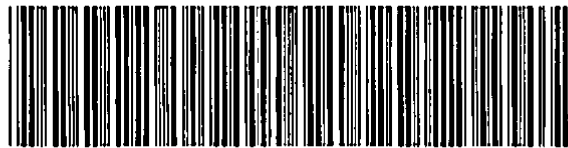
(Business Entity Name)

(Document Number)

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19 APR 18 AM 10:39
SECTION 101
FALL RIVER, MA 01936

N CULLIGAN

APR 30 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dead Broke LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darrell R. Jacobs
Name of Person

Dead Broke, LLC
Firm/Company

160 S. Cucumber Lane
Address

New Smyrna Beach FL 32168
City/State and Zip Code

marynsb@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darrell R. Jacobs at (386) 314-2334 or 386-478-3743
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dead Broke, LLC

(Must contain 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:

160 S. Cucumber Lane
New Smyrna Bch, FL 32168

Mailing Address:

160 S. Cucumber Lane
New Smyrna Bch, FL 32168

ARTICLE III - Registered Agent, Registered Office, & 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:

Darrell R. Jacobs
Name

160 S. Cucumber Lane
Florida street address (P.O. Box **NOT** acceptable)

New Smyrna Beach FL 32168
City State 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.

Darrell R. Jacobs
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 APR 18 AM 10:39
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 17TH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Darrell R. Jacobs
160 S. Cucumber Lane
New Smyrna Bch, FL 32168

(Use attachment if necessary)

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19 APR 18 4:11 PM '19
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ARTICLE V: Effective date, if other than the date of filing: 4-16-19 (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:

Darrell R. Jacobs

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.

Darrell R. Jacobs

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)