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.

(((H19000237083 3)))



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 : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 : (561)627-8100 Phone : (561)622-7603 Fax Number

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

Email Address: pdicomo@haileshaw.com

FLORIDA LIMITED LIABILITY CO. DA HOBAN, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 2 08/8/2019 02:07 PM TO:18506176381 FROM:5616227603

FAN: H19000237083 3

ARTICLES OF ORGANIZATION OF DA HOBAN, LLC

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I - NAME

The name of the limited liability company is DA Hoban, LLC (the "Company").

ARTICLE 11 - ADDRESS

The mailing address and street address of the principal office of the Company is:

502 NW 6th Way Boynton Beach, FL 33426

ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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.

Haile Shaw & PfatTenberger, P.A.

Philip M. DiComo, Esq.

FAN: H19000237083 3

Page: 3 08/8/2019 02:07 PM TO:18506176381 FROM:5616227603

FAN: H19000237083 3

ARTICLE IV - MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized manager of the Company is:

Title	Name and Address
Manager	Deborah Hoban
	502 NW 6 th Way
	Boynton Beach, FL 33426

Dated: August 8, 2019

REQUIRED SIGNATURE

Authorized Representative

e with Section 605.0203(1)(b), Florida Statutes, the exe

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)