## L1900027772

(Req	uestor's Name)
(Add	ress)
(Add	ress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:

Office Use Only



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TO NOV 20 PH 4: 12

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 056575 8273362
AUTHORIZATION: Spelle man
COST LIMIT : \$ 125.00
ORDER DATE: November 19, 2019
ORDER TIME : 9:55 AM
ORDER NO. : 056575-005
CUSTOMER NO: 8273362
DOMESTIC FILING
NAME: DARTMORE MARINE LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT.
EXAMINER'S INITIALS:

## COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJEC	Dartmore Marine LLC			
	CT: Name of L	imited Liabili	ity Company	
The encl	osed Articles of Organization and fee(s) a	are submitted	for filing.	
Plcase re	turn all correspondence concerning this r	natter to the f	ollowing:	
	Pam Lillie			
		Name of	Person	
	Dartmore Marine LLC			
		Firm/Co		
	4300 E. Fifth Avenue			
		Addre	ess	
	Columbus OH 43219			
	plillie16@gmail.com	City/State and	l Zip Code	
	E-mail address: (to be use	d for future as	nnual report notificati	ion)
For further	information concerning this matter, please	sc call:		
	Pam Lille 6	314	449-4328	
			Daytime Telephon	<del></del>
Enclosed	is a check for the following amount:			
\$125.00 I	Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	Certifie		\$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	) ( 2	Street Address New Filing Section Division of Corporation Clifton Building 1661 Executive Cente Callahassee, FL 3230	τ Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
Dartmore Marine L	LC			
(Must con	ain the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Lim	aited Liability Company is;	
<u>Princip</u>	al Office Address:		Mailing Address:	
4300 E. Fifth Aven	ue	(	z/o Chief Legal Officer	
Columbus OH 432	19		1300 E. Fifth Avenue	
			Columbus OH 43219	
	Corporation Service 1201 Hays Street	e Company Name		
	Florida street address (P.O. Box NOT acceptable)			
	Tallahassee	FL_	32301	
	City	State	Zip	
lace designated in this certificate, irther agree to comply with the pro	I hereby accept the apportisions of all statutes religations of my position Corporation Servi	ointment as regiselating to the pro as registered age ce Company	the above stated limited liability company at the stered agent and agree to act in this capacity. I per and complete performance of my duties, and ont as provided for in Chapter 605, F.S  Roxanne Turn Asst. Vice Presi	i <i>I</i> ner

(CONTINUED)

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	ARTICLE IV- The name and address of ea	erson authorized to manage and control the Limited Liability Company:
	<u>Title:</u> "AMBR" = Authorized Mer	Name and Address:
	"MGR" = Manager	
	MGR	Jay L. Schottenstein
		4300 E. Fifth Avenue Columbus OH 43219
		Columbus Ori 43219
	MGR	Jeffry D. Swanson
		4300 E. Fifth Avenue
		Columbus OH 43219
		GOIUMBUS OFF 40219
	(Use attachment if necessary	
(If an o the dat <u>Note:</u>	effective date is listed, the date to of filing.)	the date of filing:  (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 days after  ses not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
ARTIC	CLE VI: Other provisions, if any	
	REOUIRED SIGNATURE	1

Tod H. Friedman, Authorized Representative of 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)