## 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.

(((H20000038812 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:

: BERLIN PATTEN EBLING PLLC Account Name

Account Number : 105205003431 Phone

: (941)954-9991

Fax Number

: (941)954-9992

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

### FLORIDA LIMITED LIABILITY CO. Dajola, LLC

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

Electronic Filing Menu

Corporate Filing Menu

T. BURCH Help

FEB 4 2020

## H20000038812 3

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

| ARTICLE I - Name: The name of the Limited Liability Company is:   |                               |                       |                |
|---|-------------------------------|-----------------------|----------------|
|   |                               |                       |                |
| Dajole, LLC   |                               |                       |                |
| (Must constin the words "Limite   | d Liability Company,          | "L.L.C.," or "LLC.")  |                |
| ARTICLE II - Address:   |                               |                       | •              |
| The mailing address and street address of the principal   | l office of the Limited       | Liability Company is: |                |
| Principal Office Address:   |                               | Mailing Address       | j:             |
| 1578 Bastbrook Drive  | 1578                          | Bastbrook Drive       |                |
| Sarasota, FL 34231  | Sara                          | ota, FL 34231         | <del></del>    |
| ARTICLE III - Registered Agent, Registered Office<br>(The Limited Liability Company cannot serve as its ow<br>another business entity with an active Florida registrat<br>The name and the Florida street address of the register | vn Registered Agent. \ tion.) |                       | 2020<br>SEC    |
| Whitpey Wise Verd   | doni                          |                       | SS             |
|   | Name                          |                       |                |
| 1578 Bastbrook Dri  | ive                           |                       |                |
| Florida street addre  | cas (P.O. Box <u>NOT</u> ac   | ocptable)             | H 3: 24 FLORIO |
| Sarasota  | FL                            | 34231                 |                |
| 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..

(CONTINUED)

# H200000 38812 3

| Title:   | Name and Address:   |   |
|--|---|---|
| "AMBR" = Authorized Memb   | er:   |   |
| "MGR" = Manager  |   |   |
| MGR  | David Alejandro Verdoni   |   |
|  | 1578 Eastbrook Drive  |   |
| •  | Sarasota, FL 34231  |   |
| MGR  | Whitney Wise Verdoni  | A 20                                      |
|  | 1578 Bastbrook Drive  |   |
|  | Sarasota, FL 34231  |   |
|  |   | B −                                       |
|  |   | <del></del>                               |
|  |   | <del>- 위송-</del> =                        |
|  |   | <del></del>                               |
|  |   | _ · · · _                                 |
|  |   | $\mathbb{R}^{\mathbb{R}}$                 |
|  |   | <del></del> 2                             |
|  |   | <del>-</del>                              |
| (Use attachment if necessary)  CLE V: Effective date, if other the   | n the date of filing: (OPTIO  | NAL)<br>for to or 90 days a               |
| CLE V: Effective date, if other the effective date is listed, the date is te of filling.)  If the date inserted in this block  | ust be specific and cannot be more than five business days pri<br>does not meet the applicable statutory filing requirements, this d  | ior to or 90 days a                       |
| CLE V: Effective date, if other the effective date is listed, the date is to of filing.)   | ust be specific and cannot be more than five business days pri<br>does not meet the applicable statutory filing requirements, this d  | ior to or 90 days a                       |
| CLE V: Effective date, if other the effective date is listed, the date is to of filling.)  If the date inserted in this block current's effective date on the D  | ust be specific and cannot be more than five business days produces not meet the applicable statutory filing requirements, this department of State's records.  | ior to or 90 days a                       |
| CLE V: Effective date, if other the effective date is listed, the date is e of filling.)  If the date inserted in this block current's effective date on the D   | ust be specific and cannot be more than five business days produces not meet the applicable statutory filing requirements, this department of State's records.  | ior to or 90 days a                       |
| CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block current's effective date on the D  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  | does not meet the applicable statutory filing requirements, this department of State's records.   Mark Land Land Land Land Land Land Land Land  | for to or 90 days a                       |
| CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block current's effective date on the D  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:    Signature   Signa | does not meet the applicable statutory filing requirements, this department of State's records.  State's records.   | ior to or 90 days a late will not be list |
| CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block current's effective date on the D  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:    Signature of the document of the provision o | does not meet the applicable statutory filing requirements, this department of State's records.  The of a member of an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Floridation yellow in a formation submitted in a document to the Department any false information submitted in a document to the Department. | ior to or 90 days a late will not be list |
| CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block current's effective date on the DCLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature I appraisant this document I appraisant the constitutes a term of the provisions.   | does not meet the applicable statutory filing requirements, this department of State's records.  The of a member of an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Florid it any false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.                   | ior to or 90 days a late will not be list |
| CLE V: Effective date, if other the effective date is listed, the date is to of filing.)  If the date inserted in this block current's effective date on the DCLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature I appraisant this document is a prayer the constitutes a term.   | does not meet the applicable statutory filing requirements, this department of State's records.  The of a member of an authorized representative of a member it is executed in accordance with section 605.0203 (1) (b), Floridation yellow in a formation submitted in a document to the Department any false information submitted in a document to the Department. | ior to or 90 days a late will not be list |

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)