

08/04/2020  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING COVER SHEET  
**L2000022325**

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BERLIN PATTEN EBLING PLLC  
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.\*\***

Email Address: MARINAL@berlinpatten.com

**FLORIDA LIMITED LIABILITY CO.**

**DMF Ventures I, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED  
2020 AUG -4 PM 1:25  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

08/04/2020  
\* Please process ASAP - must have for a closing. Have been talking to Daniel O'Keefe about it. Please help

- Marina

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DMF Ventures I, 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:

27 Hersey Dr.  
Ocean Ridge, FL 33435

Mailing Address:

27 Hersey Dr.  
Ocean Ridge, FL 33435

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Drew Spittler

Name

27 Hersey Dr.Florida street address (P.O. Box ~~NOT~~ acceptable)Ocean Ridge, FL 33435

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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

MGRName and Address:Drew Spitter23 Hersey Dr.  
Ocean Ridge, FL 33431MGR - Kelogreno, LLC9 Disbrow Circle  
New Rochelle, NY 10804

(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 on the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**  
**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.DREW SPITTER

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)

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