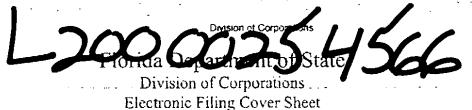
8/26/2020



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(((H20000296428 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 : (305)444-4977 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:

## FLORIDA LIMITED LIABILITY CO. DOUBLE M ENT, LLC.

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

Corporate Filing Menu

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Electronic Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

i. LEC.
Company, "L.L.C.," or "L.L.C.")
e Limited Lizbility Company is:
Mailing Address:
2120 CORPORATE SQUARE BLVD
STE i
JACKSONVILLE, FL 32216
ered Agent's Signature: d Agent. You must designate an individual or ::
ROUPINC

Name

2120 CORPORATE SQUARE BLVD STE 1

Florida street address (P.O. Box NOT acceptable)

IACKSONVILLE FL 32216

JACKSONVILLE FL 32216
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..

Divar Askong-Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 AUG 26 PH 5: 27

		oany:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	DWAN ASHONG	
	5800 BEACH BLVD STE 203-103	<u></u>
	JACKSONVILLE, FL 32207	-111
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	<i>-</i>	?
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(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the d	tate of filing: (OPTIONAL	)
	specific and cannot be more than five business days prior t	
the date of filing.)		
	ot meet the applicable statutory filing requirements, this date	will act
the document's effective date on the Departme	ent of State's records.	
ARTICLE VI: Other provisions, if any.		
		······································

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.\$17.155, F.S.

DWAN ASHONG
Typed or printed name of signee

## Filing Fees:

\$125.90 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)