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(Re	equestor's Name)	
(Ac	ddress)	
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(Cî	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly



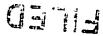
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IONS DUNE LLC				
			·	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
			·	Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Рьою Сору
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
gnature				Fictitious Owner Search
J				Vehicle Search
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quested by: Seth	10/02/20			UCC 1 or 3 File
me	Date	Time		UCC 1! Search
				UCC Retrieval
Alk-In Pander's Photographic GA 8/00	Will Pick Up			Courier
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Lions Dune, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Bizz
Michael Bizz Name of Person
hions Fune, LLC Firm/Company
Firm/Company
all noth Dias
847 20th Place Address
Vero Brach FL 32948 City/State and Zip Code mbuza@pbiag.com
mbuza @ Dbiao can
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. BUZY at (SUI) 282-1-CT1 Name of Person Area Code Daytime Telephone Number
Name of Ferson Food Code Bayanto Ferophone Famour
Enclosed is a check for the following amount:
\$130.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	Lions Dun	ا ا ا ا ا			
(Must conta	in the words "Limited Liability	Company, "L.L.C	C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	idress of the principal office of th	ne Limited Liabil	ity Company is:		
Princip	al Office Address:		Mailing Address:		
AUT 20th D	Critical Control	847	20th Place		
<u> </u>					
ARTICLE III - Registered Age (The Limited Liability Company	nt, Registered Office, & Regist	tered Agent's Sig			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Register active Florida registration.)	tered Agent's Si ed Agent. You m	gnature:	 วับวั	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Register active Florida registration.)	tered Agent's Sig ed Agent. You m	gnature:	 ງັກາກ ປີປ	en'y
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Register ctive Florida registration.)	tered Agent's Sig ed Agent. You m	gnature:	 วักวุก OCT -	**************************************
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Register ctive Florida registration.) address of the registered agent ar	tered Agent's Sig ed Agent. You m e:	gnature:	 7nnn OCT -2	• • • •
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Register ctive Florida registration.) address of the registered agent ar William Br	e:	gnature: ust designate an individ	 jnon OCT −2 AM	
	ent, Registered Office, & Register cannot serve as its own Register ctive Florida registration.) address of the registered agent ar Wichiel Br Name	e: ox NOT accepta	gnature: ust designate an individ		

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)

Title:		Name and Address:
	uthorized Member	
"MGR" = Ma	nager	Michael Box
MGR		847 20th Plaz
		Vero Beach FL 32940
		(A)
		
		
EV: Effective ective date is l	ent if necessary) e date, if other than the date of listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
EV: Effective fective date is loof filing.) If the date inser- ment's effective	e date, if other than the date of listed, the date must be spec	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
EV: Effective fective date is loof filing.) If the date inser- ment's effective EVI: Other pro-	e date, if other than the date of listed, the date must be spec- ted in this block does not make we date on the Department of	eet the applicable statutory filing requirements, this date will not f State's records.
EV: Effective ective date is of filing.) The date inserment's effective EVI: Other process.	e date, if other than the date of listed, the date must be spected in this block does not make date on the Department of rovisions, if any.	eet the applicable statutory filing requirements, this date will not f State's records.
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EV: Effective fective date is loof filing.) If the date inser- ment's effective EVI: Other pro-	e date, if other than the date of listed, the date must be spected in this block does not make date on the Department of rovisions, if any. SIGNATURE: Signature of a ment of this document is executed I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not f State's records. The property of a member of a member of a mathematical in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)