# L20000 345279

(Re	equestor's Name)	
(Ad	ldress)	<u></u> _
(Ad	ldress)	
(Cıl	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
<del></del>		

Office Use Only



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## WAIKIN

			VV A	ALK IN		
		PICK U	U <b>P:</b> _	11/10/2020	<u>_</u>	
		CERTIFIED COPY				
	хх	РНОТОСОРУ	<u> </u>			 
		CUS				 
	xx	FILING	LLC			
1.		DDB MANAGEMENT LLC (CORPORATE NAME AND DOCUME				 · · · · ·
2.		(CORPORATE NAME AND DOCUME	NT #)			 
3.		(CORPORATE NAME AND DOCUME	NT #)			 
4.		(CORPORATE NAME AND DOCUME	NT #)			 
5.		(CORPORATE NAME AND DOCUME	NT #)			 
6.		(CORPORATE NAME AND DOCUME	NT #)			 <u> </u>
	ECIAI STRU	L CTIONS:				 

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil:	ity Company is:			
The name of the Elimed Elabit.	ny Company is.			
DDB Management I	LLC			
	tain the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	iddress of the principal	office of the Limite	d Liability Company is:	
<u>Princip</u>	nal Office Address:		Mailing Address:	
55 Weeks St		55_	Weeks St	
Blue Point NY 1171	5	Bh	ic Point NY 11715	
	<del></del>			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its ow active Florida registrati	n Registered Agent. on.)	You must designate an individual	or
		Name		
	5311 Antigua Circle		11.	
	Florida street addre	ss (P.O. Box <u>NOT</u> :	acceptable)	
	Vero Beach	FL	32967	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	, I hereby accept the approvisions of all statutes (	pointment as register relating to the prope	e above stated limited liability com red agent and agree to act in this co r and complete performance of my as provided for in Chapter 605, F.	ipacity. I duties, and I

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	William Bruno
_	55 Weeks St
	Blue Point NY 11715
AMBR	Daniel Rich
	4 Alma Lane
	Plainview, NY 11803
AMBR	Daniel Morrison
	43 Autumn Chase Dr.
	Hopefull Junction, NY 12533
(Use attachment if necessary)	
F.V. Effective data if other than the data of	(OPTIONAL)
ective date is listed, it dute must be sne	of filing:
of filing.)	one and cannot be more than fire business days prior to or 70 da
	ect the applicable statutory filing requirements, this date will not be
ment's effective date on the Department o	
E V1: Other provisions, if any.	

### REQUIRED SIGNATURE:

William Bruno

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.

as

William Bruno

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)