

L20000 366069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

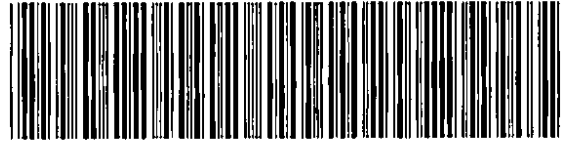
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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RECEIVED
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 NOV 18 PM 2:05

RECEIVED

2020 NOV 18 AM 11:12

PM 11:00

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 520934 4311639

AUTHORIZATION :

Spencer Cleman

COST LIMIT : \$ 155.00

ORDER DATE : November 18, 2020

ORDER TIME : 12:26 PM

ORDER NO. : 520934-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: DPG SERVICES LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY ¹
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
DPG ADVISORY SERVICES, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **DPG Advisory Services, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**6400 W. Boynton Beach Boulevard
Suite 740486
Boynton Beach, Florida 33474**

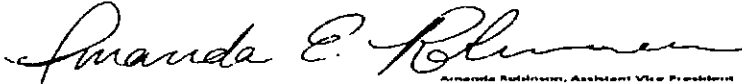
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301**

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.

CORPORATION SERVICE COMPANY, as Registered Agent


Amanda Robinson, Assistant Vice President

Name: _____
Title _____

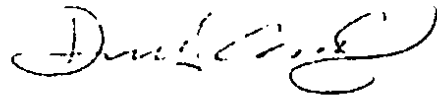
ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Dragon Performance Group, LLC 6400 W. Boynton Beach Boulevard Suite 740486 Boynton Beach, Florida 33474

2020 NOV 18 AM 11:12
FILED
CLERK OF COURT
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November 30, 2020.



Daniel J. Consigli, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Daniel J. Consigli

Typed or printed name of signee