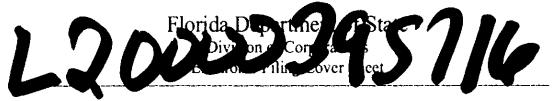
12/28/2020



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(((H200004409513)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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. D.I. DISTRIBUTIONS LLC

BEC 2 9 2020

T. SCOTT

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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| ARTICLES OF ORGANIZATION F | OR FLORÎDA LIA | MITED LIABILI | ITY COMPANY | · · |
| | | i, 80 | e de la companya de La companya de la co | |
| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
| D.I. DISTRIB | UTIONS LLC | C | | |
| (Must end with the words "Lin | nited Liability Co | mpany, "L.L.(| C.," or "LLC.") | |
| The mailing address and street address of the princip Principal Office Address: M | pal office of the L | | ty company is: | |
| 3283 Birch Terrace | | Birch Terrac | e | |
| Davie , FL 33330 | <u>Davie</u> , | , FL 33330 | ···· | |
| ARTICLE III - Registered Agent, Registered Off The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist | own Registered / ration.) | | | lividual or |
| • | ered agent are. | | | |
| Samantha Hehir | | | -, | |
| N | lame | | | |
| 3283 Birch Terrace | | | <u></u> | |
| Florida street address (P.O. | Box NOT accer | ptable) | | |

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)

Davie

Samantha Hehir

(CONTINUED)

Page 1 of 2

H20000440951

| Title: AMBR" = Authorized Member | Name and Address: | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| "MGR" = Manager AMBR | Samantha Hehir | | |
| | 3283 Birch Terrace Davie, FL 33330 | | |
| | | | |
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| | | | |
| Use attachment if necessary) | | | |
| EV: Effective date, if other than the date ctive date is listed, the date must be spe | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 | | |
| EV: Effective date, if other than the date ctive date is listed, the date must be spe f filing.) | | | |
| EV: Effective date, if other than the date ctive date is listed, the date must be spe filling.) EVI: Other provisions, if any. | | | |
| retive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section to constitutes an affirmation uplied am aware that any false in: | | | |
| CV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menusconductive with section of constitutes an affirmation up I am aware that any false in: | mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State | | |

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