

L21 000 102089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 10 PM 3:06

2021 MAR 10 AM 7:31

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date: 3-10-21

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 155.00

Corporation Name: DR Kentucky, LLC

Email Address: DIwhirsch@gmail.com

Entity Number: _____

Authorization: Kim Pullen

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☐ Certificate of Status

☐ Plain Stamped Copy

☐ Amendments

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Walk In

(X) Call if Problem

() Will Wait

() After 4:30

(X) Pick Up

CP Internal Use Only

Client: _____ Matter: _____

Name: D. Mackey Office: TPA

**ARTICLES OF ORGANIZATION
OF
DR KENTUCKY, LLC**

The undersigned, as the authorized representative of the organizing members of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I

Name

The name of the Company is DR Kentucky, LLC.

ARTICLE II

Initial Principal Office Street and Mailing Address

The Company's initial principal office street address and mailing address is 209 SE 5th Avenue, Delray Beach, FL 33483.

ARTICLE III

Initial Registered Agent and Office

The street address of the initial registered office of the Company is 100 S. Ashley Drive, Suite 400, Tampa, FL 33602, and the name of its initial registered agent at that address is CF Registered Agent, Inc.

ARTICLE IV

Organizing Members

The name and address of the organizing members are:

<u>Name</u>	<u>Address</u>
Danielle Hirsch	209 SE 5th Avenue Delray Beach, FL 33483
Richard Hirsch, III	209 SE 5th Avenue Delray Beach, FL 33483

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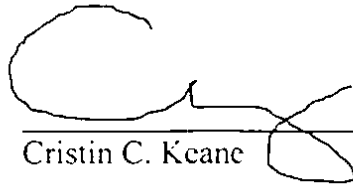
ARTICLE V
Authorized Representative

The name and address of the authorized representative is:

<u>Name</u>	<u>Address</u>
Cristin C. Keane	4221 W. Boy Scout Blvd Suite 1000 Tampa, FL 33607

Dated this 10th day of March 2021.

Authorized Representative:



Cristin C. Keane

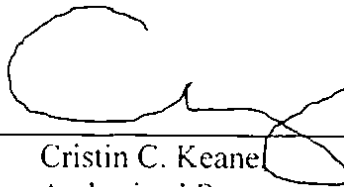
ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 10th day of March 2021.

REGISTERED AGENT:

CF REGISTERED AGENT, INC.

By: 
Cristin C. Keane
Authorized Representative