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DHAN HOLDINGS, LLC

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TO: New Filin Division o	f Corporations			
DHA:	N Holdings, LLC			
	Name of Lir	mited Liabil	ity Company	
The enclosed Articl	es of Organization and fee(s) ar	e submitted	for filing.	
Please return all cor	respondence concerning this ma	atter to the	following:	
Peter S	tarling			
		Name of	Person	
Starling	g Law, P.A.			
		Firm/Co	трапу	
599 9th	Street North, Suite 203			
		Λđdr	ess	
Naples,	FL 34102			
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Peter Sta	arling 2at (19	302-6062	
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Enclosed is a check	for the following amount:			
■\$125.00 Filing Fe		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
<u>M</u>	ailing Address		Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
DHAN Holdings, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

Mailing Address:

Naples, FL 34109	2055 Trade Center Way Naples, FL 34109

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Peter M. Starling		
	Name	
599 9th Street North	, Suite 203	
Florida street addres	ss (P.O. Box <u>NOT</u> as	cceptable)
Naples	FL	34102
City	State	Zip

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.

(CONTINUED)

nt's Signature (REQUIRED)

30 PH 4: OF

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>MGR</u> Henry Ferszt Heymann 2055 Trade Center Way Naples, FL 34109 MGR Nicole Ferszt Ortiz Ferszt Ortiz 2055 Trade Center Way Naples, Fl. 34109 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after _. (OPTIONAL) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: 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

Filing Fees:

Henry Ferszt Heymann Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155. F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)