

May 12, 2021 5:23 PM

5/12/2021

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nora.miller@gray-robinson.com

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DIVISION OF CORPORATIONS

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FLORIDA LIMITED LIABILITY CO.
Del-American I-Drive LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of this Limited Liability Company is Del-American I-Drive LLC.

ARTICLE II

Address

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

13515 Bellaria Circle
Windermere, FL 34786

ARTICLE III

Management

This Limited Liability Company is to be managed by one or more managers. This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

Name

Street Address

Anthony DelGuidice

13515 Bellaria Circle
Windermere, FL 34786

ARTICLE IV

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GrayRobinson, P.A.
Attention: Nora Miller, Esq.
301 E. Pine Street, Suite 1400
Orlando, FL 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar

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with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



REGISTERED AGENT'S SIGNATURE

DocuSigned by:
Anthony DelGuidice
CCAE33A8E7CAAD

AUTHORIZED REPRESENTATIVE'S SIGNATURE

(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 s. 817.155, F.S.)

ANTHONY DELGUIDICE, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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