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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: SHAHRAJ1964@YAHOO.COM

**FLORIDA LIMITED LIABILITY CO.
DHMN Florida LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Lsc 9/22/21

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2021 JUN 21 PM 1:16

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DHMN Florida LLC

(Must end with 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:

1 Jean Road
Somerset, NJ 08873

1 Jean Road
Somerset, NJ 08873

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:

Mina Shah
Name

9008 Egret Mills Terrace
Florida street address (P.O. Box NOT acceptable)

Kissimmee FL 34747
City 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..



Registered Agent's Signature (REQUIRED)

Mina Shah

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

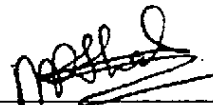
(Use attachment if necessary)

(Please see attachment)

ARTICLE V: Effective date, if other than the date of filing: August 16, 2021. (OPTIONAL)
(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 the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an 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 s.817.155, F.S.)

Mina Shah

Typed or printed name of signee

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Additional Attachment for
DHMN Florida LLC

ARTICLE IV -

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

AMBR	Mina Shah 1 Jean Road Somerset, NJ 08873
AMBR	Rajesh Shah 1 Jean Road Somerset, NJ 08873
AMBR	Meena Shah 3 Sunflower Road Somerset, NJ 08873
AMBR	Sanjay P. Shah 3 Sunflower Road Somerset, NJ 08873
AMBR	Divya J. Padh 49 Margaret Drive Somerset, NJ 08873
AMBR	Jitesh Padh 49 Margaret Drive Somerset, NJ 08873
AMBR	Heena P. Acharya 218 Alpine Drive Paramus, NJ 07652
AMBR	Pradeep Acharya 218 Alpine Drive Paramus, NJ 07652
AMBR	Nayna Patel 4296 Forest Bridge Drive Canton, MI 48188
AMBR	Pankaj Patel 4296 Forest Bridge Drive Canton, MI 48188

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GATEWAY