2 Orde Department of State 3 2 1000323296 3 Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850

: (850)617-6381

From:

Account Name : UNITED AGENT SERVICES LLC

Account Number : I20210000087 Phone : (866)246-2669

Fax Number : (520)333-2793

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

filings@unitedagentservices.com

Email Address:

FLORIDA LIMITED LIABILITY CO.

D&G Enforcement LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing	Corpo	rate Filing	Menu		Help			

Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

D&G Enforcement LLC	
(Must end with the words 'Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is
The mailing address and street address	
	of the principal office of the Limited Liability Company is <u>Mailing Address:</u>
The mailing address and street address	

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

United Agent	Services LLC
	Name
9100 Conroy	Windermere Rd #200-UAS
	Florida street address (P.O. Box NOT acceptable)
Windermere	_{FL} 34786
	City, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

m:MyFax - United'Agent Services To:ARTICLES OF ORGANIZATION FOR FLORIDA LLC (185061 09:58 08/30/21 GMT-05 Pg 5-5

<u>Title:</u> "AMBR" = A	Authorized Member	Name and Address:
MGR = M	<u> </u>	D ' D I
AMBR		Damion Palmer 305 NW 32nd ST
		Oakland Park BLVD FL 3309
AMBR		Garan Hylton
		5220 SW 24th ST
		West Park, FL-33023
	 _	
•	nent if necessary)	
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RTICLE V: Effective date is date of filing.) ote: If the date insert document's effect and the tricker of the property of the	Signature of a memb This document is executed in a ware that any false infections a third degree fellows. Ruthy Willard	it the applicable statutory filing requirements, this date will not be listed a State's records or or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)