Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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dprosante@outlook.com Email Address:

### FLORIDA LIMITED LIABILITY CO. **DPRO Construction, LLC**

| Certificate of Status | 1        |  |  |
|-----------------------|----------|--|--|
| Certified Copy        | 0        |  |  |
| Page Count            | 03       |  |  |
| Estimated Charge      | \$130.00 |  |  |



## **COVER LETTER**

Friday, November 19, 2021

To: New Filing Section
Division of Corporation

### Subject: DPRO CONSTRUCTION, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC

360 Central Avenue 8<sup>th</sup> Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

**FL Patel Law PLLC** 

#### ARTICLES OF ORGANIZATION

#### FOR

#### DPRO CONSTRUCTION, LLC

#### A FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I.

The name of the Limited Liability Company is: DPRO Construction, LLC (the "Company").

# ARTICLE II. Address

The principal office and mailing address of the Company is:

3275 S John Young Parkway Suite 613 Kissimmee, Fl 34746

# ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

Ada Reyes
\_\_\_\_\_\_(sign)
FLP RA Services LLC

# ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u>                              | Name and Address  |  |  |  |
|---|---|--|--|--|
| AMBR = Authorized Member<br>MGR = Manager |   |  |  |  |
| <u>MGR</u>                                | Sante DiDonato<br>3275 S John Young Parkway<br>Suite 613<br>Kissimmee, FL 34746   |  |  |  |
| <u>MGR</u>                                | Suzette DiDonato<br>3275 S John Young Parkway<br>Suite 613<br>Kissimmee, FL 34746 |  |  |  |

### ARTICLE V.

The Effective date shall be the date of filing.

| Sante | DiDonato | (sign) |
|-------|----------|--------|
|-------|----------|--------|

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

|         | Sante Didonato            |  |
|---------|---------------------------|--|
| Authori | zed Representative/Member |  |