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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Handwritten signature and date 12/10/21

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FLORIDA LIMITED LIABILITY CO.
DC SQUARED INVESTMENT LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
DC SQUARED INVESTMENT LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - NAME:

The name of the Limited Liability Company is:

DC SQUARED INVESTMENT LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 1470 NW 107 Avenue Suite E Miami, Florida 33172.

ARTICLE III - REGISTERED OFFICE

The name and the Florida Street address of the initial registered agent is:

TAX MANAGEMENT SERVICES CORP
1470 NW 107 AVENUE
SUITE E
MIAMI, FL 33172

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ARTICLE IV - MEMBERS/MANAGERS

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

Title	Name and Address
MGRM	Dore Alexander Chaponick 1470 NW 107 Avenue Suite E Miami, FL 33172
MGRM	Dore Chaponick 1470 NW 107 Avenue Suite E Miami, FL 33172

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 TALLAHASSEE, FL

ARTICLE V- PROVISIONS

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledge them to be my act this 1st of December 2021.



 Dore Alexander Chaponick
 Manager/Member



 Dore Chaponick
 Manager/Member

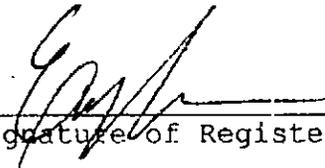
(In accordance with Section 605.0203(1)(b) and Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitute a third-degree felony as provided for in Section 817.155, Florida Statutes.)

Dore Alexander Chaponick
Manager/Member

Dore Chaponick
Manager/Member

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes. (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 constitute a third degree felony as provided for in Section 817.155, F.S.)



Signature of Registered Agent

Evelyn Chaponick
Printed name of signee

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TALLAHASSEE, FLORIDA

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