Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000460302 3)))



H210004603023ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	

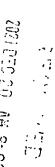
## FLORIDA LIMITED LIABILITY CO. DCB Morea, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help





## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	•
DCB Morea, LLC	
(Must contain the words "Limited Liabilit	y 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:
6111 Broken Sound Parkway NW Suite 200	6111 Broken Sound Parkway NW Suite 200

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Boca Raton, FL 33487

(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 s	treet address of the registere	d agent are:	
	Jeffrey Levine		
	<del></del>	Name	****
	6111 Broken Sound	Parkway NW Suite	200
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
	Boca Raton	FL_	33487
	City	State	Zin

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..

(CONTINUED)

Registered Agent & Signapore (REQUIRED)

Boca Raton, FL 33487

A	RTI	E I	IV.

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

Title:	Name and Address:
"AMBR" = Authorized N	Aember
"MGR" = Manager	
MGR	Jeffrey Levine
	6111 Broken Sound Parkway NW Suite 200 Boca Raton, FL 33487
	trova ration, the 30 to 7
MGR	Michael Weiner
NDW:	6111 Broken Sound Parkway NW Suite 200
	Boca Raton, FL 33487
<del></del>	
f an effective date is listed, the one date of filing.)	her than the date of filing:
<del></del>	he Department of State's records.
RTICLE VI: Other provisions, if	·
REOUIRED SIGNATU	Onning Anigana
Siş	natore of a member or an authorized representative of a member.
I am awa	unient is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.
<u>J.</u>	Typed or printed name of signee
	typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for	Articles of Organization and Designation of Registered Agent
5145.00 rung ree for	At takes of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

