

L22000001877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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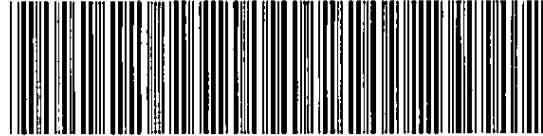
(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
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- 1. DUCK & DRAKE HOLDINGS LLC
(CORPORATE NAME AND DOCUMENT #)
- 2. _____
(CORPORATE NAME AND DOCUMENT #)
- 3. _____
(CORPORATE NAME AND DOCUMENT #)
- 4. _____
(CORPORATE NAME AND DOCUMENT #)
- 5. _____
(CORPORATE NAME AND DOCUMENT #)
- 6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

Articles of Organization

DUCK & DRAKE HOLDINGS LLC

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

ARTICLE I -Name:

The name of the Limited Liability Company is:

DUCK & DRAKE HOLDINGS LLC

ARTICLE II -Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4627 Raintree Ridge Road
Orlando, FL 32837

ARTICLE III -Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Rona Segura
4627 Raintree Ridge Road
Orlando, FL 32837

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.

DocuSigned by:



464AA17EDAA440B

Name: Rona Segura

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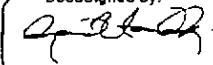
ARTICLE IV – Managers:


The Limited Liability Company is Manager-Managed. The names and addresses of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Rona Segura 4627 Raintree Ridge Road Orlando, FL 32837

Manager	Theresa Owens 2618 Ardsley Drive Orlando, FL 32804
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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 10th day of November 2021. 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 constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

DocuSigned by:

By: _____
Name: Rona Segura
Title: Manager

DocuSigned by:

And by: _____
Name: Theresa Owens
Title: Manager