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SECRETARY OF STATE PAIL/AHASSEE, FL

2022 JAN 12 PH12: **5**0

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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	UP: 1/12 DANNY	
XX	CERTIFIED COPY PHOTOCOPY		
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	DOBINSON US INVEST (CORPORATE NAME AND DOCUM	MENTS, LLC ENT #)	<u>.</u>
_			
	CORPORATE NAME AND DOCUM		
		ENT #)	
	CORPORATE NAME AND DOCUM	ENT #)	

COVER LETTER

	ew Filing So	ection orporations			
SUBJECT	DOBINS	ON US INVESTMENT	S, LLC		
	Name of Limited Liability Company				
The enclose	ed Articles o	f Organization and fee(s	s) are submit	tted for filing.	
Please retur	n all corresp	condence concerning thi	s matter to th	he following:	
	Phillip B. R	arick			
			Name	of Person	
	Rarick & B	eskin, P. A.			
			Firm/	Company	
_	6500 Cowp	en Road, Suite 204			
			Ac	ldress	
:	Miami Lake	s, FL 33014			
pi	rarick@rario	cklaw.com	City/State	and Zip Code	
-]	E-mail address: (to be us	sed for futur	e annual report notifica	ation)
For further inf	ormation co	ncerning this matter, ple	ase call:		
P	hillip B. Ra		305	556-5209)	
	Nam	e of Person	Area Code	Daytime Telepho	ne Number
Enclosed is a	check for th	ne following amount:			
■\$ 125.00 F	iling F ee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing	Address		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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2022 JAN 12 PM 4: 32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			SECRETARY OF STATE
DOBINSON US IN	VESTMENTS, LLC			
(Must con	tain the words "Limited	Liability Comp	iny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Lin	ited Liability Company is	s:
Princip	pal Office Address:		Mailing A	Address:
	10311 NW 62nd Street		0311 NW 62nd Street	
Doral, FL 33178			Ooral, FL 33178	
another business entity with an The name and the Florida street	•	•		
	<u> </u>	Name		-
	10311 NW 62nd Str	eat		
	Florida street address (P.O. Box NOT acceptable)			-
	Doral	FL	33178	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pi	, I hereby accept the app	ointment as regi	tered agent and agree to t	act in this capacity. I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	GLEN DOBINSON 10311 NW 62nd Street Doral, FL 33178
MGR	KEITH DOBINSON 10311 NW 62nd Street Doral, FL 33178
MGR	DAVID OTERO 10311 NW 62nd Street Doral, FL 33178
	PH 4: 32 OF STATI SEE FL
(Use attachment if necessary)	ті '`
(If an effective date is listed, the date must be so the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
I his document is execu I am aware that any fals	ember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
DAVID OTERO	Typed or printed name of signee
	· · · · · · · · · · · · · · · · · ·

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

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)