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.

(((H22000042388 3)))



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 : RASI

Account Number : 120220000023 Phone : (888)705-7274 Fax Number : (888)706-7274

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

r41 1	Addross.			

## FLORIDA LIMITED LIABILITY CO.

### 608 Dixie LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

S. CHATHAM Help

#### ARTIC

	FIL		
CLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	-	-	2

ARTICLE I - Namě:

The name of the Limited Liability Company is:

22 FEB -2 PM 4: 06

Senaetary	ür :	दुष्टाञ्च
Taleahabee	E. Pi	तथाः

ne maning address and sire	et address of the principal of	nice of the Limited	Liability Company is:	
Prir	cipal Office Address:		Mailing Address:	
1316 N Dixie Hi			N Dixie Highway	
Hollywood FL 33020		Holl	ywood FL 33020	
The Limited Liability Comp nother business entity with	an active Florida registration	Registered Agent. \ n.)	it's Signature: l'ou must designate an individu	ial or
The Limited Liability Components business entity with	any cannot serve as its own an active Florida registration	Registered Agent, \n.) agent are:		ial or
The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registration cet address of the registered	Registered Agent. \ n.)		nal or
The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registration eet address of the registered  David Hofman  1316 N Dixie Highwa	Registered Agent, Vin.) agent are: Name	ou must designate an individu	nal or
The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registration eet address of the registered  David Hofman	Registered Agent, Vin.) agent are: Name	ou must designate an individu	nal or
	any cannot serve as its own an active Florida registration eet address of the registered  David Hofman  1316 N Dixie Highwa	Registered Agent, Vin.) agent are: Name	ou must designate an individu	nal or

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)

Page 1 of 2

# FILED

	ta"		1771		1 1 /
Α	к.	ı	II. I	LE.	1 Y -

The name and address of each person authorized to manage and control the Limited Liability C22rPEB -2 PM 4: 06

Title: "AMBR" = Authorized Member	Name and Address:	SEART TARY OF STATE
"MGR" = Manager AMBR	David Hofman 1316 N Dixie Highway Hollywood FL 33020	
AMBR	Eric Hofman 1316 N Dixie Highway Hollywood FL 33020	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of If an effective date is listed, the date must be specthe date of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of	ific and cannot be more than five busing tet the applicable statutory filing requirer	ess days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
<u>REOUIRED</u> SIGNATURE:	0 - 100	
This document is execute I am aware that any false i	ober or an authorized representative of d in accordance with section 605.0203 (1 information submitted in a document to the felony as provided for in s.817.155, F.S.	) (b), Florida Statutes.
David Hofman	Typed or printed name of signee	<del></del>

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)