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(((H22000053943 3)))



H220000539433ABC

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRIMEAU LAW, P.A.

Account Number : I20170000033

Phone : (954)367-0440

Fax Number : (954)367-0441

annual report mailings. Enter only one email address please.\*\*

Email	Address:		
		<del></del>	

## FLORIDA LIMITED LIABILITY CO.

## D&P Exchange Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

S. CHATHAM

FEB 1 1 2022

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Corporate Filing Menu

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22 FEB 10 AM 1:02

## **COVER LETTER**

		COAFKIE	ILK	SERRETARY OF STATE
TO:	New Filing Section Division of Corporations			TALEABABSEE, PLANTING
SUBJI	D&P Exchange Holdings,	LLC		
0020		ame of Limited Liab	ility Company	
The en	closed Articles of Organization an	d fee(s) are submitte	ed for filing.	
Please	return all correspondence concern	ing this matter to the	following:	
	John C. Primeau			
		Name o	of Person	
	Primeau Law, P.A.			
		Firm/C	Company	·····
	12555 Orange Drive, Suite 1	00B		
		Ado	iress	
	Davie, FL 33330			
		City/State a	and Zip Code	
	john@primeaulaw.com			
	E-mail address: (	to be used for future	annual report notification)	)
For furth	ner information concerning this ma	atter, please call:		
	Ann Yap	408 at (	487-5015 )	
	Name of Person	Area Code	Daytime Telephone N	umber
Enclos	ed is a check for the following am	ount:		

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

□\$130.00 Filing Fee &

Certificate of Status

■\$125.00 Filing Fee

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

Tallahassee, FL 32303

□\$155,00 Filing Fee &

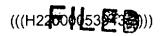
(additional copy is enclosed)

Certified Copy

□\$160.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy



## AM 1:02

	DRIDA LIMITED LIABILITY COMPANY 22 FEB 10 AM 1:02
ARTICLE I - Name:	_
The name of the Limited Liability Company is:	SERRETARY OF STATE TALESTEE, PERROTE
D&P Exchange Holdings, LLC	
(Must contain the words "Limited Lin	bility Company, "L.L.C.," or "LLC.")
. =	
ARTICLE II - Address:	
	e of the Limited Liability Company is:
	e of the Limited Liability Company is:  Malling Address:
ARTICLE II - Address: The mailing address and street address of the principal offic  Principal Office Address:  12555 Orange Drive	, , ,
The mailing address and street address of the principal offic <u>Principal Office Address</u> :	Malling Address:

The name and the Florida street address of the registered agent are:

John C. Primeau		
-	Name	
12555 Orange Drive	, Suite 100B	
Florida street addre	ss (P.O. Box <u>NOT</u> as	cceptable)
Davie	FL	33330
City	State	Zip

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 pay position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

(((H22000053943 3)))

AMBR" = Authorized Member MGR" = Manager MGR  AMBR	Pamela Caglianone 12555 Orange Drive, Suite 100B Davie, FL 33330  First American Exchange Company 333 W. Santa Clara Street, Suite 622 San Jose, CA, 95113
MGR AMBR	Davie, FL 33330  First American Exchange Company 333 W. Santa Clara Street, Suite 622
AMBR	Davie, FL 33330  First American Exchange Company 333 W. Santa Clara Street, Suite 622
	Pirst American Exchange Company 333 W. Santa Clara Street, Suite 622
	First American Exchange Company 333 W. Santa Clara Street, Suite 622
	333 W. Santa Clara Street, Suite 622
	333 W. Santa Clara Street, Suite 622
<del></del>	San Jose, CA, 95113
<del></del>	
	the applicable statutory filing requirements, this date will not be
ent's effective date on the Department of S VI: Other provisions, if any.	tate's records.
VI: Other provisions, if any.	tate's records.
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VI: Other provisions, if any. ator  EOUIRED SIGNATURE:  Signature of a membe This document is executed it I am aware that any false info	Aurjep
VI: Other provisions, if any. ator  EOUIRED SIGNATURE:  Signature of a membe This document is executed in a may a ware that any false info constitutes a third degree felo	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section to the Department of State only as provided for in s.817.155, F.S.
VI: Other provisions, if any. ator  EOUIRED SIGNATURE:  Signature of a membe This document is executed in a may a ware that any false info constitutes a third degree felo	er or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes.  ormation submitted in a document to the Department of State
VI: Other provisions, if any. ator  EOUIRED SIGNATURE:  Signature of a membe This document is executed in a may a ware that any false info constitutes a third degree felo	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section to the Department of State only as provided for in s.817.155, F.S.