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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
2					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					





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COVER LETTER

TO:	New Filing Se Division of Co							
	DA Realty	Group, LLC						
SUBJ	ECT:			. .				
		Name of Li	nited Liability Company					
The er	nclosed Articles o	f Organization and fee(s) ar	re submitted for filing.					
Please	return all corresp	ondence concerning this m	atter to the following:					
	Cart Bende	r, Esq.	-					
			Name of Person	· · · · · · · · · · · · · · · · · · ·				
	Bender, P.L.	i.e.						
		Firm/Company P.O. Box 1136						
	P.O. Box 11							
		-	Address	· · · · · · · · · · · · · · · · · · ·				
	Tallahassee	FL 32301						
	eurt@bender		City/State and Zip Code					
			for future annual report notificat	rian)				
			·	non)				
For furtl		oncerning this matter, pleas						
	Curt Bender	40	07 467-7278					
	Nar		rea Code Daytime Telephor	ne Number				
Enclos	sed is a check for	the following amount:						
■\$125.00 Filing Fee		□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	Maili	na Address	Street Address					

Mailing Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:					
DA Realty Group, LL	C					
(Must co	ntain the words "Limited	Liability 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:			
Princi	Principal Office Address:		Mailing Address:			
1648, Ste. B, Metropo	olitan Circle	2111	2111 Harriet Drive			
Tallahassee, FL 32308			Tallahassee, FL 32303			
	Curt Bender, Esq. Name 501 E. College Ave.					
	Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	Florida	32301			
	City	State	Zip			
Having been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the d	e, I hereby accept the app provisions of all statutes r phligations of my position	pointment as register relating to the proper	ed agent and agree to act and complete performan as provided for in Chapte	t in this capacity. I nce of my duties, and I		
		(CONTINUED)				

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ARTICLE IV-

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

Title:	Name and Address			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	Danielle Andrews			
	2111 Harriet Drive			
	fallahassee, FL 32303			
				
	disk or -			
	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after			
(if all effective date is listed, the date must be spec the date of filing.)	the and cannot be more than five business days prior to or 50 days after			
	eet the applicable statutory filing requirements, this date will not be listed as			
_:e document's effective date on the Department o				
ARTICLE VI: Other provisions, if any,				
REQUIRED SIGNATURE:				
0	A control of the cont			
	nber or an authorized representative of a member.			
	ed in accordance with section 605.0203 (1) (b), Florida Statutes.			
constitutes a third degree	information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.			
Curt Bender, Esq.				
	Typed or printed name of signee			

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)