

L22 000095302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

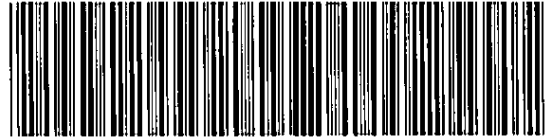
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Certified Copies _____

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03/04/22--01008--002 **125.00

2022 MAR -8 PM 4:43

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STATE
OFFICE, FL

2022 MAR -4 AM 9:20

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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: 3/4 DANNY

CERTIFIED COPY _____

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XX FILING

LLC _____

1. **DCS EMBERS 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:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 MAR -8 PM 12:34
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

March 7, 2022

CORPORATE ACCESS

SUBJECT: DC EMBERS LLC
Ref. Number: W22000029343

Corrected

DCS

We have received your document for DC EMBERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Typo in the Registered Agents name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 422A00005394

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAR -8 PM 4:43

DCS EMBERS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

CLERK OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

45 EISENHOWER DRIVE
SUITE 500
PARAMUS, NJ 07652

45 EISENHOWER DRIVE
SUITE 500
PARAMUS, NJ 07652

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

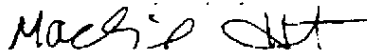
The name and the Florida street address of the registered agent are:

REGISTERED AGENT SOLUTIONS, INC.
Name

155 OFFICE PLAZA DRIVE
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32301
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 my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Louis Reynolds
45 EISENHOWER DRIVE, SUITE 500
PARAMUS, NJ 07652

2/21/18 - 8 PM 4:45
FLORIDA STATE
REGISTER, FL

LED


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
THIS LIMITED LIABILITY COMPANY SHALL BE MANAGED BY OR UNDER THE AUTHORITY
OF ONE OR MORE MANAGERS.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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 s.817.155, F.S.

LOUIS J. REYNOLDS
Typed or printed name of signee