L Wardia Zepartment of State

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: damiangroark@gmail.com

2022 JUN -3 PM 3: 27

FLORIDA LIMITED LIABILITY CO.

DKG Enterprises LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DKG Enter	prises LLC	
(Must end with	the words "Lim	nited Liability Company, "L.L.C.," or "l	.LC.")
ARTICLE II - Address: The mailing address and street address	ess of the princip	oal office of the Limited Liability Comp	any is:
Principal Office Address:	M	Iailing Address:	
228 Lignumvitae Drive		228 Lignumvitae Drive	
Key Largo, FL 33037		Key Largo, FL 33037	
		ke, & Registered Agent's Signature:	
	nnot serve as its	ice, & Registered Agent's Signature: own Registered Agent. You must design	nate an individual or 2022
(The Limited Liability Company car	nnot serve as its ove Florida registr	ice, & Registered Agent's Signature: own Registered Agent. You must design ration.)	nate an individual or 2022 JUN
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Having been named as registered agent and to accept service of process for the above stated limited liability company as 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)

Damian Groark

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Damian Groark
	228 Lignumvitae Drive
	Key Largo, FL 33037
	
	
(Use attachment if necessary)	
E V: Effective date, if other than the date ective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day
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E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation up I am aware that any false in	ecific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation of I am aware that any false in	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Iformation submitted in a document to the Department of State

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