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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	08/09/2022	
Name:		_
	#:1760347	_
Entity Name	co RE E	SLDRCBG LLC
Ame	les of Incorporation/Authorization	to Transact Business
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Account#: 120000000088

Date:	08/09/2022	_	
	Chris Vick		
	#: 176034		
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COVER LETTER

	New Filing Sec Division of Cor					
SUBJEC		DRCBG LLC				
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liabilit	y Company		
The enclo	osed Articles of	Organization and fee(s) are	submitted	for tîling.		
Please ret	turn all correspo	ondence concerning this ma	itter to the fo	ollowing:		
	Michael Pen	g				
			Name of I	Person		
	Holland & K	inight LLP				
			Firm/Cor	npany		
	400 South H	ope Street, 8th Floor				,
			Addre	55		ee not
	Los Angeles	, CA 90071				10
			ity/State and	Zip Code		-
	michael.peng(<u> </u>			
	1	E-mail address: (to be used	ior iuture ar	inuai report notificati	on)	U 7
For further	information co	ncerning this matter, please	: call:			
	Michael Peng	; 21 a(3	896-2551		
	Nam	e of Person A	rea Code	Daytime Telephone	e Number	
Enclosed	is a check for t	he following amount:				
≣\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	i.00 Filing Fee & d Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Division P.O. B	ng Address iling Section on of Corporations fox 6327 assee, FL 32314	,	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Musi			
1,1.250	contain the words "Limited Lia	bility Company, "I	L.E.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal offic	to of the Limited L	iability Company is:
<u> Pr</u>	incipal Office Address:		Mailing Address:
	· ·	909 P	Poinciana Drive
909 Poinciana I	June		
Fort Lauderdale RTICLE III - Registere The Limited Liability Connother business entity with	d Agent, Registered Office, & npany cannot serve as its own Reh an active Florida registration.)	Registered Agent egistered Agent. Yo	's Signature: ou must designate an individual or
Fort Lauderdale ARTICLE III - Registere The Limited Liability Controller business entity with	d Agent, Registered Office, & npany cannot serve as its own Rech an active Florida registration.)	Registered Agent egistered Agent. Yo	's Signature:
Fort Lauderdale ARTICLE III - Registere The Limited Liability Connother business entity with	d Agent, Registered Office, & npany cannot serve as its own Rech an active Florida registration.) street address of the registered ag	Registered Agent egistered Agent. Yo	's Signature:
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Fort Lauderdale ARTICLE III - Registere The Limited Liability Controller business entity with	d Agent, Registered Office, & npany cannot serve as its own Reh an active Florida registration.) street address of the registered against John W. Hoctor II	Registered Agent egistered Agent. Yo gent arc:	's Signature: ou must designate an individual or
Fort Lauderdale RTICLE III - Registere The Limited Liability Connother business entity with	d Agent, Registered Office, & npany cannot serve as its own Reth an active Florida registration.) street address of the registered agent John W. Hoctor II	Registered Agent egistered Agent. Yo gent arc:	's Signature: ou must designate an individual or

Rogistered Agont's Signature (REQUIRED)

(CONTINUED)

42 AUG -9 AT 7:55

ARI	ICL	E 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	
<u>-</u>	NC 1 12 14
MGR	Michael E. Maroone 909 Poinciana Drive
	Fort Lauderdale, FL 33301
	TWI Hadderouse, 1 B 5550
 	
n effective date is listed, the date must be speci late of filing.)	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed a State's records.
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
_ / Will	
This document is executed I am aware that any false in	ther or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
	John W. Hoctor II 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)

as