Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000279293 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number: 104662003400 : (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: BMGEORGE87@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Dai Li Holdings LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

1/1

H22000279293

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dai Li F	loldings LLC				
(Must end with the words "			or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the	e Limited Liability (Company is:		
Principal Office Address:	Mailing Addre	<u>851</u>			
79146 Plummers Creek Dr Yulee, FL 32097		6 Plummers Ci e, FL 32097	reek Dr		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registere gistration.)	d Agent, You must		lual or	
The name and the Florida street address of the re	egistered agent are	:			
Bethany George	Name		_		
	•				
79146 Plummers (Florida street address (I		-antubla)	-		
Florida street address (t	P.O. BOX NOT acc				
Yulee	FL_	32097	_		
City		Zip			
Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the pre of my duties, and I am familiar with and accep Registered Agent	by accept the appo ovisions of all state of the obligations of Chapter 605, F.	intment as registered tes relating to the pi f my position as reg	d agent and agree to roper and complete _l	o act in perform vided fi	this nance
(CO	NTINUED)			22 Þ	
1	Page 1 of 2		AHASSEE, H	22 AUG 17 PH 12: 35	FLAC

H22000279293

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Bethany George
AMDIA	79146 Plummers Creek Dr
	Yulee, FL 32097
AMBR	Caitlin George
	79146 Plummers Creek Dr
	Yulee, FL 32097
AMBR	Andrew McCance
	79146 Plummers Creek Dr
	Yulee, FL 32097
(Use attachment if necessary)	
(Ost attachment it netroses))	
fective date is listed, the date must b of filing.)	date of filing: (OPTIONAL) ne specific and cannot be more than five husiness days prior to or 90
fective date is listed, the date must b	
rective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REOURED SIGNATURE Signature of (In accordance with see constitutes an affirmat I am aware that any fa	
rective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REOURED SIGNATURE Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. anion 605.0203 (1) (b), filorida Statutes, the execution of this document ion ander the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Bethany George
rective date is listed, the date must be of filling.) LE VI: Other provisions, if any. REOURED SIGNATURE Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. anion 605.0203 (1) (b), filorida Statutes, the execution of this document ion ander the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Bethany George
rective date is listed, the date must be of filling.) LE VI: Other provisions, if any. REOURED SIGNATURE Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. anion 605.0203 (1) (b), filorida Statutes, the execution of this document ion ander the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Bethany George
rective date is listed, the date must be of filling.) LE VI: Other provisions, if any. REOURED SIGNATURE Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. The hold of the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Bethany George
rective date is listed, the date must be of filling.) LE VI: Other provisions, if any. REOURED SIGNATURE Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. anion 605.0203 (1) (b), filorida Statutes, the execution of this document ion ander the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Bethany George
rective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REOURED SIGNATURE Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. This host of perjury that the facts stated herein are true. Its information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Bethany George Typed or printed name of signee
rective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REOURED SIGNATURE Signature of (In accordance with see constitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. This host of perjury that the facts stated herein are true. Its information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Bethany George Typed or printed name of signee
rective date is listed, the date must be of filling.) E. VI: Other provisions, if any. REOUIRED SIGNATURE Signature of (In accordance with seconstitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. anion 605.0203 (1) (b), filorida Statutes, the execution of this document ion ander the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Bethany George