

L22000520353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

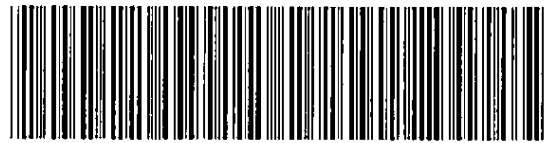
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
DEC 13 2022

2022 DEC 13 AM 11:45

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 DEC 13 AM 5:02

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: James Yellen
DMGVL INVESTMENT GROUP LLC
BUSINESS (Name) Document #

- Walk in Pick up time
 Mail out Will wait
 Photocopy
 Certified Copy of Articles
 Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP

AMMENDMENTS

- Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATIONS

- Foreign filing
 Limited Partnership
 Reinstatement

APOSTIL () _____
Country

Other

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DMGVL INVESTMENT GROUP LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

16422 Carrara Way #102
Naples, FL 34110

16422 Carrara Way #102
Naples, FL 34110

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:

Legacy RA Group

Name

2330 Clare DR

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

Florida

32309

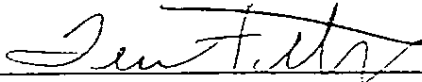
City

State

Zip

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22 DEC 13 AM 5:06

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 _____

David Visger
16422 Carrara Way #102
Naples FL 34110

MGR _____

Roland Reynoldson
16422 Carrara Way #102
Naples FL 34110

MGR _____

Victoria Reynoldson
16422 Carrara Way #102
Naples FL 34110

MGR _____

Logan Holley
16422 Carrara Way #102
Naples, FL 34110

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(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.

REQUIRED SIGNATURE:

David Visger

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.

David Visger

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)