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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

 ${\tt From:}$

Account Name : LONG LAW, P.A.
Account Number : 120200000163
Phone : (239)400-2060
Fax Number : (239)268-6101

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

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	FLORIDA LIMITED L D&G Future Hole			
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COVER LETTER

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SUBJECT		e Holdings LLC					
36 b) (.c.)	·	Name of	Limited	Liability	Company		
The enclos	sed Articles of	Organization and fee(s) are sub	mated fe	r filing		
Please retu	un all correspo	ndence concerning this	s matter t	o the fol!	lowing		
	Keith Long						
			Na	ime of Pe	erson		
	Long Law, P	.A.					
			Fi	rm/Comp	any		
	1306 SE 46ti	Ln., Suite 1					
			-	Address	;		
	Cape Coral /	FL/33904					
			City/St	ate and 2	Zip Code		
	keith@longlav	vtl.com -mail address. (to be u	sad for ti	ture ann	unl report potrfunts	on)	
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	Keith Long	at	(}	400-2060 		. •••
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) Filing Fee	□\$130.00 Filing Fed Certificate of Status	Ç	Certified	00 Filing Fee & Copy copy is enclosed)	Certificate Certified C	Filing Fee.
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Marilian Address

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		 431			Name:
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	1.	 	4 .	1 -	. "411111

The name of the Limited Liability Company is.

D&G Future Holdings 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

<u>Maning Address</u> :		
Sinne		
· · · · · · · · · · · · · · · · · · ·		

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.

Principal Office Address

Keith Long, Long I	.aw, P.A.	
	Nam c	
1306 SE 46th Ln., 5	suite l	
Florida street addre	ss (P O Box <u>NOT</u> ac	oceptable)
Cape Coral	FL	33904
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 finither 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)

23 JAN 11 FILIZ: 35

DITT	71	L'	11.

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

<u>Title:</u> "AMBR" = Authorized !	Name and Address: Jember
"MGR" = Manager	
MGR	Cary Houck 2557 SW 38th St. Cape Coral, FL 33914
MGR	Deborah Houck 2557 SW 38th St. Cape Coral, FI, 33904
 	
<u></u>	
(Use attachment if neces	ary)
(If an effective date is listed, the of the date of filing.)	ner than the date of filing. (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 days after a clock does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records
ARTICLE VI: Other provisions, if	any
REQUIRED SIGNATU	RE: KESTH LONG
This doc I am awr	mature of a member or an authorized representative of a member. ument is executed in accordance with section 605 0203 (1) (b). Florida Statutes are that any false information submitted in a document to the Department of State as a third degree felony as provided for in s.817 155, F.8
ĸ	eith Long
<u></u>	Typed or printed name of stones

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent $\frac{\pi}{2}$