

L23000019609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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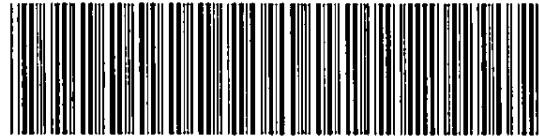
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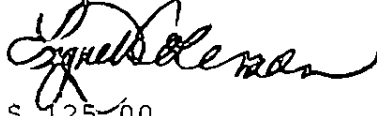
2022 JAN 18 PM 4:47

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 383816 7378782

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : January 18, 2023

ORDER TIME : 10:54 AM

ORDER NO. : 383816-005

CUSTOMER NO: 7378782

DOMESTIC FILING

NAME: DAS PARK POINTE, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
DAS PARK POINTE, LLC**

**ARTICLE I - Name:**

The name of the limited liability company is **DAS PARK POINTE, LLC** (the "Company").

**ARTICLE II - Address:**

The mailing address and the principal address of the Company is **265 N. Joy Street, Suite 200, Corona, CA 92879**.

**ARTICLE III – Existence and Duration:**

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

**ARTICLE IV - Management:**

The Company is a manager-managed limited liability company. The name and Florida street address of the initial manager of the Company is:

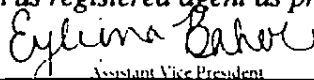
**Thomas A. Day  
434 Luna Bella Lane #113  
New Smyrna Beach, FL 32168**

**ARTICLE V – Registered Agent**

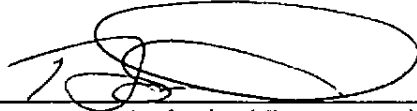
The name and Florida street address of the initial registered agent of the Company is:

**Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301**

*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, Florida Statutes.*

  
Assistant Vice President  
\_\_\_\_\_  
Eyliena Baker, Registered Agent

**REQUIRED SIGNATURE:**

A handwritten signature in black ink, appearing to be 'T. A. Day', written over a horizontal line.

Thomas A. Day, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)

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