

Division of Corporations **Electronic Filing Cover Sheet**

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.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (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. ONLYDOLFANS@GMAIL.COM
Email Address:

FLORIDA LIMITED LIABILITY CO.

Only Dolfans LLC

	ببينة والمتران فالمتالك فينس المتالك فالمتال
Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	
Oi	nly Dolfans LLC
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
104 Half Acre Lane	104 Half Acre Lane
Panama City Beach, FL 32413	Panama City Beach, FL 32413
another business entity with an active Flor The name and the Florida street address of	the registered agent are:
Christopher B	erry
	Name
104 Half Acre	Lane
Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)
Panama City I	
C	City Zip
the place designated in this certificate, I capacity. I further agree to comply with to of my duties, and I am familiar with and Registered.	In the description of process for the above stated limited liability company at the accept the appointment as registered agent and agree to act in this the provisions of all statutes relating to the proper and complete performance accept the obligations of my position as registered agent as provided for in Chapter 605. F.S Chapter 605. F.S Chapter 605. F.

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Christopher Berry
	104 Half Acre Lane Panama City Beach, FL 32413
-	
(Use attachment if necessary)	
LE V: Effective date, if other than the date ffective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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LE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9 DocuSignad by: Unistopher Burry
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	Docusigned by: Luristopher Burry 4288830875 19406 ember or an authorized representative of a member.
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	ecific and cannot be more than five business days prior to or 9 Docusigned by: Luistoplur Bury A28883C87F19406 ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this documen nder the penalties of perjury that the facts stated herein are true. Iformation submitted in a document to the Department of State