# L23000083458

(Requestor's Name)			
(Requestors Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
<u> </u>			
Special Instructions to Filing Officer:			

Office Use Only



800402661268

S. CHATHAM

S. FEB 13 WB

2023 FEB 22 PM 3: 49

RECEIVED 2023 FEB 22 PM 2: 29

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DFI 7500 BISCAYNE LLC	
Please Debit I20000000257 For: 125	
Thank you Seth Neeley	
1 //	
Atty	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval

### **COVER LETTER**

••

	: DFI 7500 BISCAYNE LLC	
SUBJECT	Name of Lin	nited Liability Company
The enclos	ed Articles of Organization and fce(s) ar	e submitted for filing.
Please retu	rn all correspondence concerning this ma	atter to the following:
	IRVING WEISSELBERGER	
	·	Name of Person
	DRAGONFLY INVESTMENTS, LLC	
	<del></del>	Firm/Company
	19790 W DIXIE HWY PHI	
		Address
	AVENTURA, FL 33180	
	(IRVING@DRAGONFLYRI.COM	ity/State and Zip Code
•		for future annual report notification)
For further is	nformation concerning this matter, pleas	e call:
	IRVING WEISSELBERGER at (	305 319-0662
	Name of Person A	rea Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F	iling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address Now Filing Section
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

٠,

ARTICLE I - Name:

The name of the Limited Liab	ility Company is:				
DFI 7500 BISCAN	YNE LLC				
	ontain the words "Limited	Liability Company, '	'L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
19790 W DIXIE HWY			19790 W DIXIE HWY		
			AVENTURA, FL	33180	
another business entity with a The name and the Florida stre	•	d agent are:		- E	and the same
19790 W DIXIE HWY PH 1 Florida street address (P.O. Box NOT acceptable)		. 11 .	्रियं द्धे	- ام-	
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)	69 :	_
	AVENTURA	FL	33180	/·/ <b>W</b>	
	City	State	Zip		
laving been named as registere clace designated in this certifica arther agree to comply with the am familiar with and accept the	ite, I hereby accept the app provisions of all statutes r	ointment as registere elating to the proper	d agent and agree to ac and complete performa	et in this capacity. I ence of my duties, and I	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		s 2
MGR	Irving Weisselberger	2023 SEC
	19790 W DIXIE HWY PH 1	- I staying
	AVENTURA, FL 33180	
1400		fold: No page
MGR	_lason_Morjain	<u> </u>
	<u> 19790 W DIXIE HWY PH 1</u>	
	AVENTURA, FL 33180	(15,71)
		<u> </u>
MGR	Julie Quittner	
	19790 W DIXIE HWY PH 1	rn 😡
	AVENTURA, FL 33180	
		<del></del>
(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		
he date of filing.)	cannot be more than nive busines	a daya prior to or 20 days are.
Note: If the date inserted in this block does not meet the appropriate the app	anlicable statutory filing requirem	ente this date will not be listed as
		ints, this date will not be fisted as
the document's effective date on the Department of State's	records.	
ARTICLE VI: Other provisions, if any.		
tarrebe vi. One provisions, it any.		
	<del></del>	
550		
REOUIRED SIGNATURE:		
Te de la constant de	· 	
		· <del></del>

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.

#### IRVING WEISSELBERGER

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)